

PORTAGE COUNTY COMMUNITY SERVICE REFERRAL FORM

Date _____	Full Name (Include Middle Initial) _____	
License: _____ <input type="radio"/> Yes <input type="radio"/> No	Date of Birth: _____	Court Case File # _____ Sex: <input type="radio"/> Male <input type="radio"/> Female
Address: _____		Telephone Number: _____
Referring Agency _____ Contact Name _____ Telephone Number _____		Present Offense: _____
Referred By: <input type="radio"/> Portage County Sheriff's Department <input type="radio"/> Portage County Clerk of Courts <input type="radio"/> Portage County Justice Programs Dept <input type="radio"/> Probation/Parole Agent <input type="radio"/> Justiceworks / VIP <input type="radio"/> Other _____		Special Needs: (Check all relevant categories) Yes No <input type="radio"/> <input type="radio"/> Alcohol Issues <input type="radio"/> <input type="radio"/> Drug Issues (specify) _____ <input type="radio"/> <input type="radio"/> Health Issues (specify) _____ <input type="radio"/> <input type="radio"/> Pregnant <input type="radio"/> <input type="radio"/> Developmental or Learning Disabilities <input type="radio"/> <input type="radio"/> Financial Management Issues <input type="radio"/> <input type="radio"/> History of Violence (describe below) _____ <input type="radio"/> <input type="radio"/> Sexual Assault History (describe below) _____ <input type="radio"/> <input type="radio"/> Mental Health Issues (specify) _____ <input type="radio"/> <input type="radio"/> Relationship Issues <input type="radio"/> <input type="radio"/> High Risk Behaviors (describe below) _____ <input type="radio"/> <input type="radio"/> Other _____ Descriptions: _____ _____ _____
Referred For: (Check one) Community Service <input type="radio"/> Ordered by Court/Fines _____ Hours / Rate of Pay \$ _____ per hr <input type="radio"/> Community Service Crew Ordered by Agent _____ hours in exchange for _____ days in jail Date to be completed by: _____		Level of Supervision Need: _____ Constant _____ Intermittent _____ Limited Is Offender Taking Medication? <input type="radio"/> Yes / <input type="radio"/> No If yes, list reason: _____ Also indicate: <input type="radio"/> Prescription / <input type="radio"/> Self-Pay / <input type="radio"/> Insurance
Employment History: <input type="radio"/> Current employer/address: _____ _____ <input type="radio"/> Current employment hours: _____ <input type="radio"/> Currently unemployed		

OFFENDER AGREEMENT: (If applicable) I agree to complete _____ hours of Community Service by the specified date. I will comply with the work schedule and program expectations.

I will contact the Community Service Supervisor prior to my scheduled service, if unable to report. I understand that I must provide written documentation for all absences.

Offender Signature / Date

Referral Signature / Date

This Referral Includes the following information: [To obtain "checked" information, contact referring agency (see above)].

- Authorization for use and disclosure of Protected Health Information (DOC-1163A)
 (Only required for information that involves personal health, medical, mental health, AODA, or other confidential services.)
- Court Order, Criminal Complaint, and Prior Record
- Social Information (DOC-179)
- Violation Report(s), if applicable.
- Information in regard to alcohol, other drug problems, and prior treatment experience, if applicable.
- Offender application for Community Service placement.

JUSTICE PROGRAMS DEPARTMENT ONLY

DISPOSITION / COMPLETION NOTICE

Date of Interview: _____

Accepted

Individual

Rejected

Work Crew/Schedule

Date Community Service Crew Hours Completed: _____

Agency Staff Signature / Date: _____

