

EnlightenMENT: NJ Peer2Peer Mentoring Program Youth Referral Form

#  Eligibility Criteria

* All young people, ages 14-21, who are in an out of home placement and reside in the following nine counties: Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, Monmouth, Ocean, and Union, are eligible to participate in the program.
* 18–21-year-olds who are residing in the nine counties listed below and have agreed to receive voluntary adolescent services from CP&P are eligible. This would include young adults attending college, in their own or shared apartment, and/or receiving the Independent Living Stipend.
	+ Children’s Aid and Family Services – Essex, Union and Middlesex
	+ Children’s Home Society – Mercer, Monmouth and Ocean
	+ Oaks Integrated Care – Atlantic, Burlington and Camden
* Youth with less than 18 months in out-of-home care will be given priority
* Candidates should be enrolled prior to their 20th birthday to allow for one-year of service delivery.
* Exclusionary criteria includes:
	+ Youth with a Developmental Disability (DD)/Intellectual Disability (ID) that preclude the youth’s daily functions.
	+ Youth in a Psychiatric Community Home (PCH) or Specialty Residential Services (SPEC) are not eligible.

# DCP&P Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Worker:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Office Number:** | Click or tap here to enter text. | **State Cell:** | Click or tap here to enter text. |
| **Supervisor:** | Click or tap here to enter text. | **Supervisor Email:** | Click or tap here to enter text. |
| **Supervisor Office #:** | Click or tap here to enter text. | **Supervisor Cell #:** | Click or tap here to enter text. |
| **NJ Spirit Case ID #:** | Click or tap here to enter text. | **NJ Spirit Person ID #:** | Click or tap here to enter text. |
| **Local Office Name:** | Click or tap here to enter text. | **DCP&P Case Name:** | Click or tap here to enter text. |

#  Referral Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth’s Name:** | Click or tap here to enter text. | **Preferred Name:** | Click or tap here to enter text. |
| **D.O.B.:** | Click or tap here to enter text. | **Preferred Pronoun(s):**  | Click or tap here to enter text. |
| **Gender:** | [ ]  Male  [ ]  Female [ ]  Trans-Male [ ]  Trans-Female  [ ]  Gender Non-Conforming [ ]  Undisclosed |
| **Primary Language**: | Click or tap here to enter text. | **County of Youth Placement:** | Click or tap here to enter text. |
| **Youth’s Phone #:** | Click or tap here to enter text. | **Youth’s Email:** | Click or tap here to enter text. |
| **Race:** | [ ]  American Indian/Alaskan Native  [ ]  Asian [ ]  Black/African American [ ]  Native Hawaiian/Pacific Islander [ ]  White/Caucasian [ ]  Two or More Races |
| **Ethnicity:** | [ ]  Cuban [ ]  Mexican [ ]  Puerto Rican [ ]  South or Central American [ ]  Other Spanish [ ]  None |
| **Current Level of Care:** | [ ]  Unrelated Resource Home [ ]  Relative Resource Home [ ]  Therapeutic Foster Home [ ]  Residential [ ]  Independent Living Placement [ ]  Group Home  [ ]  Supportive Youth Housing (TLP, C2H, FYI) [ ]  Shelter [ ]  Juvenile Detention Center/Detention Center  |
| **Placement Contact Person Name:** | Click or tap here to enter text. | **Relationship to Youth:** | Click or tap here to enter text. |
| **Placement Contact DOB *(CHS agency referrals only):*** | Click or tap here to enter text. | **Is the child of Native American Heritage?** | Click or tap here to enter text. |
| **Placement Street Address:** | Click or tap here to enter text. | **City, State and Zip Code** | Click or tap here to enter text. |
| **Placement Contact Telephone Number:**  | Click or tap here to enter text. | **Placement Contact Email:** | Click or tap here to enter text. |
| Youth Information |
| **Youth’s Interests:** | Click or tap here to enter text.  |
| **Brief Summary of Current Placement**:  | Click or tap here to enter text. |
| **Permanency Goal:** | [ ] Reunification [ ]  Independent Living (14-17) [ ]  KLG [ ]  Individual Stabilization (18-21)[ ]  Adoption |
| **Is the youth expecting or currently a parent?** | [ ]  Yes  [ ]  No | **If so, how many children do they have?** | Click or tap here to enter text. | **Who has custody of the child(ren)?** | Click or tap here to enter text. |
| **Attachments:***(optional)* | [ ]  Court Order  [ ]  CP&P Case Plan/TPYS [ ]  Evaluations [ ]  IEP/Educational [ ]  Youth Thrive Survey/Needs Assessment [ ]  Other Click or tap here to enter text.  |
| **Youth Verbal Agreement Obtained:** | [ ]  Yes  [ ]  No | **Parent/Law Guardian Notified of Youth’s Interest in Program:**  | [ ]  Yes  [ ]  No |
| ***CP&P must obtain a verbal agreement from the youth to be referred to Peer2Peer.******Signed agreement from youth and signed consent from parent/guardian must be completed by/at Program Enrollment Meeting.*** |

**Date Referral Sent to Agency**: Click or tap here to enter text.

***Please Attach All Available Documents and Return Completed Referral Form to the Appropriate Servicing Provider:***

**Essex, Union and Middlesex**

**Children’s Aid and Family Services**

Phone Number: (201)261-2800

(201)740-7138 (Javier Argueta, Program Coordinator)

**Email referrals to**: **peer2peer@cafsnj.org**

**Mercer, Monmouth and Ocean**

**Children’s Home Society**

Program Coordinator: Nicole Coburger, Director

Phone Number: (609)802-5213

**Email referrals to**: **ncoburger@chsofnj.org**

**Atlantic, Burlington and Camden**

**Oaks Integrated Care**

Phone Number: (609)953-6800

**Email referrals to**: **p2preferrals@oaksintcare.org**