

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, Union, and Hudson, 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 Hudson
  + Children’s Home Society – Mercer, Monmouth, Middlesex 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

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| **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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Hudson**

**Children’s Aid and Family Services**

Phone Number: (201)261-2800

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

**Email referrals to**: [**peer2peer@cafsnj.org**](mailto:peer2peer@cafsnj.org)

**Mercer, Monmouth, Middlesex and Ocean**

**Children’s Home Society**

Program Coordinator: Nicole Coburger, Director

Phone Number: (609)802-5213

**Email referrals to**: [**p2preferral@chsofnj.org**](mailto:p2preferral@chsofnj.org)

**Atlantic, Burlington and Camden**

**Oaks Integrated Care**

Phone Number: (609)953-6800

**Email referrals to**: [**p2preferrals@oaksintcare.org**](mailto:p2preferrals@oaksintcare.org)