



FAMILY and YOUTH OUTREACH PROGRAM
A Program of the Boys & Girls Clubs of Garden Grove

Juvenile Justice Center • 11301 Acacia Parkway • Garden Grove, CA 92840 • 714/741-5895 • FAX 714/636-0351

Referring Agency/Individual: _____ Date of Referral: _____
 Name: _____ Date of Birth: _____
 Parent(s) or Guardian: _____
 Address: _____ Zip Code: _____
 Home #: _____ Cell #: _____ Father Work#: _____ Case #: _____
 Mother Work#: _____
 Primary Language Spoken at Home: _____ Time Truant Picked Up: _____

Recommended Program:

- | | |
|---|--|
| <input type="checkbox"/> Family/Individual/Gang Counseling | <input type="checkbox"/> Community Service _____ Hours |
| <input type="checkbox"/> Drug & Alcohol Education | <input type="checkbox"/> Graffiti Removal Program |
| <input type="checkbox"/> Parenting Group | _____ 6 Hours |
| <input type="checkbox"/> Juvenile Offender Education | <input type="checkbox"/> Restitution-victim's name, address, & phone |
| <input type="checkbox"/> Anger Management Group | _____ |
| <input type="checkbox"/> Teenage Runaway Intervention Program | _____ |
| <input type="checkbox"/> Truancy Reduction Program | _____ |
| <input type="checkbox"/> Other: _____ | |

Reason for Referral (PC Code & Description)

 Priors: _____
 Student ID # : _____
 School: _____
 Grade: _____

Parent's Signature: _____

White - FYOP Yellow - Referring Agency