



Uth TURN

Fund for Community Leadership Development, Inc.
475 Riverside Drive, Suite 554
New York, NY 10115

(212) 870-1255 – Phone (212) 870-1244 Fax

REQUEST FOR SERVICE – All services are free
(Please Type or Print Clearly)

Date of Referral _____

Youth Name: _____

Preferred Language Spoken: _____ Other Languages: _____

Date of Birth: _____ Gender: M F Age: _____

Current Placement: _____
(If currently detained)

Home Address: _____
Street City Zip

Parent/Guardians(s): _____
(Mother/Father/Guardian) last name first name

Telephone Home: _____ Work/Alt: _____

Major Issues facing young person (check all that apply):

_____ Gang involvement _____ truancy/school behavioral issues
_____ Substance abuse issues (sales and/or use) _____ fighting/anger management
_____ emotional/mental health issues _____ all above
_____ Other high risk behavior _____

Juvenile/Criminal Charge: _____ First Arrest? Y N Next Court Date: _____

Lawyer Name/Number: _____

Docket #: _____ Borough/Court/Judge _____

Referral Source: _____
Staff Name Agency Phone

E-Mail Address: _____

Facilitator Referred: _____



Parental/Guardian Consent Form

I, _____ give my permission for
Name of Parent

_____ to participate in the Uth Turn program. I also
Name of Child

give permission for _____ to release the
Name of School

Attendance Records and grade report to the Uth Turn Program on my

child _____.
Name of Child

Date

Signature of Parent

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