



REFERRAL FORM
Thinking for a Change (T4C)

Does youth meet criteria for T4C (Medium-High Risk)? Yes No
 Select Risk Level: Low Risk Moderate Risk High Risk

CLIENT INFORMATION	
Name:	DOB: Date of Referral: Click here to enter a date.
Race:	
Language(s) Spoken:	Is client aware/agreeable to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ins/Medicaid: Number:	Is this referral urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	REFERRAL INFORMATION: <i>CCJC, 9163 Tara Boulevard, Jonesboro, GA 30236</i>
City: Postal Code:	
Guardian Name(s):	Name of P.O:
Phone (Home):	Phone:
Phone (Cell):	Fax:
Email:	E-mail:

BACKGROUND HISTORY
Reasons for referral (presenting problem):
Any relevant medical or psychiatric problems:
Any history of aggressive behavior/self-harm:

- Please sign below to indicate that you have read and agree to comply the following:**
- Thinking for a Change is comprised of 24 sessions and is a mandatory condition of your child's probation.
 - I agree to comply with Plaza Consultants transportation policy.
 - Probation officers will be notified of any unexcused absences, which may result in your child's termination from this program.

 Parent/Guardian Signature Date

Please contact Elise Arnold, JDAI Liaison, for any additional questions.
 Email: elise.arnold@co.clayton.ga.us or Call: 770-603-4140