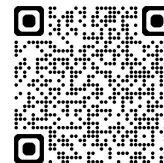




RIVERSIDE COUNTY MST REFERRAL FORM

Tessie Cleveland Community Services Corporation | Riverside



<https://www.tccsc.org/mst-referral>

Referral Date:	Youth Name:
Date of Birth (Age 12-17):	Address:
Tel:	
School:	Legal Status:
Key Participants	
☐ Referral Source:	Name, Email, Telephone #
☐ Parent/Guardian/Caregiver:	
☐ Household member names:	
☐ Probation Officer:	
☐ MH Worker:	
☐ Social Services/ Care Worker:	
Youth Behavioral Characteristics	
☐ Violent/physically aggressive behavior	☐ Expelled or dropped out of formal education
☐ Verbally aggressive or threatening behavior	☐ Attending alternative school setting – not mainstream
☐ Robbery, theft	☐ Multiple suspensions for problem behavior
☐ Vandalism, destruction of property	☐ High association with antisocial school peers
☐ Drug-related criminal offending	☐ Low affiliation with prosocial school peers
☐ Drug use	☐ Poor relationships with school staff
☐ Running away	☐ Attendance problems
☐ Non-compliance with probation or court order	☐ Academic problems – risk of failure
☐ Non-compliance with family rules & expectations	
Youth-School Characteristics	
☐ Other:	☐ Gang membership or strong affiliation
☐ Other:	☐ High affiliation with mostly antisocial peers
☐ Other:	☐ Mixed antisocial and prosocial peers
☐ Other:	☐ Low affiliation with prosocial peers
Youth-Peer Characteristics	
Desired Outcomes for referral to MST services	
Please place an "H" in areas you see as having highest priority. Please place checkmark in other target areas.	
☐ Prevent out of home placement.	☐ Improve family problem solving skills.
☐ Reduce aggressive and/or criminal behaviors.	☐ Improve family communication and cohesiveness.
☐ Retain in school/vocational efforts and/or improve school attendance.	☐ Improve family behavioral management skills.
☐ Improve academic functioning	☐ Improve youth pro-social involvement and peer relationships.
☐ Reduce substance use.	☐ Other:
☐ Other:	☐ Other:

PLEASE ATTACH THE FOLLOWING IN YOUR REFERRAL PACKET IF AVAILABLE

☐ Summary of Prior Offending ☐ Recent Mental Health Evaluation ☐ Recent Educational Evaluation

EXCLUSIONS:

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.
- Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
- Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism

Disposition Decision (To be Completed by MST Program Staff):

☐ Accepted for MST Program ☐ Family Signed Agreement to Participate - Date Services Initiated :
☐ Not Accepted: ☐ Inappropriate for MST Program ☐ Service Not Available ☐ Other Reason: