



**BOYS & GIRLS CLUBS  
OF WESTERN PENNSYLVANIA**

## GREAT START PROGRAM REFERRAL FORM

Youth referred by \_\_\_\_\_ Date of Referral \_\_\_\_\_  
(Probation Officer)

Probation Office \_\_\_\_\_ Phone # \_\_\_\_\_

Probation Officer's E-mail Address \_\_\_\_\_

Offense/Charge(s) \_\_\_\_\_

Court Ordered: Yes \_\_\_\_\_ No \_\_\_\_\_

Extended Service/Informal Adjustment \_\_\_\_\_ Consent Decree \_\_\_\_\_ Adjudicated Youth \_\_\_\_\_

Judge \_\_\_\_\_ Next Court Hearing (if applicable) \_\_\_\_\_

CYF Involvement: Yes \_\_\_\_\_ No \_\_\_\_\_

### YOUTH INFORMATION

Name \_\_\_\_\_ History # \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ School \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Race \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Parent/Guardian Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please identify an alternate person and phone number which can be used if the Great Start Staff are unable to contact a parent/guardian for the intake interview and/or an emergency.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



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**Anticipated timeframe to complete probation requirements:**

3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_ 9 Months \_\_\_\_\_ 12 Months \_\_\_\_\_

**Community Service Hours\*** \_\_\_\_\_ **Restitution Amount** \_\_\_\_\_

\*Each youth must complete a minimum of 25 Community Service hours prior to earning wages.

**Please email completed form to:**  
**Peter Jenkins, Manager of Mentoring Programs**  
[pjenkins@bgcwpa.org](mailto:pjenkins@bgcwpa.org)

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