

# Salt Lake City Police Department Promising Youth Project Referral Form



**Promising Youth Project**

*"Unlocking Promising Potential"*

The Salt Lake City Police Department's core youth prevention and intervention component the *Promising Youth Project* is a comprehensive crime, violence, and gang reduction program. The project works with collaborating government agencies and community groups in Salt Lake City. The purpose of the *Promising Youth Project* is to provide promising youth with the opportunities and support needed to improve protective factors and reduce youth high risk factors. The project achieves this by teaching life skills, social-emotional learning skills, conflict resolution skills, and resistance techniques to antisocial behaviors. The *Promising Youth Project* conducts case management for program participants by assessing their individual risks and needs, connecting them with a variety of services and opportunities through a multi-disciplinary intervention team, and conducting ongoing support and follow-up with participants. Partnering agencies and organizations provide services and opportunities in areas such as:

- Education
- Employment
- Counseling
- Mentoring
- Mental health
- Substance abuse
- Positive use of time
- Recreation/hobbies
- Parental support
- Family stability
- Goal-setting
- Character-building
- Positive peers
- Volunteerism
- Etc, etc, etc...

*Please fill out this referral and submit to the Program Manager listed below.  
The referral will be processed and a follow-up will be completed with the referred individual and/or family within 10 days,  
unless otherwise communicated.*

**Please submit referrals to :**                      **Ashleigh Fletcher, Program Manager**  
Salt Lake City Police Department  
[ashleigh.fletcher@slcgov.com](mailto:ashleigh.fletcher@slcgov.com)  
Phone: (801) 599-3841 / (801) 799-3365  
Mail: 475 South 300 East SLC, UT 84111  
[www.slcpd.com](http://www.slcpd.com)

<b>Referred By (Name):</b>	<b>Organization:</b>	<b>Position:</b>
<b>Phone:</b>	<b>Email:</b>	<b>Today's Date:</b>

<b>First Name (Client):</b>	<b>Last Name (Client):</b>	
<b>Address:</b>		
<b>City:</b>	<b>State &amp; ZIP:</b>	
<b>Phone- Home (Guardian):</b>	<b>Phone-Cell (Guardian):</b>	
<b>Date of Birth (Client):</b>	<b>Age:</b>	<b>Gender: Male/Female/Non-binary</b>
<b>Ethnicity:</b>		
<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Prefer Not to Specify <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Other/Multicultural: (specify) _____		
<i>Please see next/back page.</i>		

**Parents/Legal Guardian(s) Names & Important Information: (Language preferred, etc.)**

Parents/Guardian(s) must be notified of this referral; has this been completed?  Yes  No

**Reason(s) for Referral: (Please give a brief explanation.)**

**The individual exhibits which of the following risk factors:**

- Antisocial Tendencies
- Critical Life Events
- Peer Delinquency
- Impulsive Risk Taking
- Weak Parental Supervision
- Neutralization
- Negative Peer Influence
- Alcohol and/or Substance Abuse
- Gang Affiliation and/or Involvement
- Unhealthy Relationships
- Involvement in Criminal Activity
- Poor Communication Skills

**This referral was made after the following:**

- First Incident
- 2-5 Incidents
- 5+ Reoccurring Incidents

**How would you rate the level of support needed:  
(1 being the lowest and 4 being the highest)**

- 1 Low-Risk
- 2 Low-Medium Risk
- 3 Medium Risk
- 4 High Risk

**The support services being requested for the individual:**

- Violence Prevention/Intervention
- Resistance Techniques to Antisocial Behavior
- Conflict Resolution Skills Training
- LifeSkills Training
- Anger Management
- Gang Prevention/Intervention
- Peer-Resistance Skills Training
- Effective Communication Skills
- Building Healthy Relationships
- Managing Difficult Decisions
- Consequential Thinking Skills
- Family Support and Resources
- Substance Abuse Prevention
- Personal Self-Management Skills
- Stress Management Skills

**School Status**  Attending K-12  Not attending  High school graduate/GED

**School Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Probation Status**  On Juvenile Probation  JJS Custody  No involvement  
(If involved in Juvenile Probation or in JJS custody please provide name of Probation/Parole Officer)

**Other Programs Individual Has Participated In:**

**Additional comments:**