



YOUTH CULTURAL ACHIEVEMENT PROGRAM (YCAP)

Referral Date: _____

Youth Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mothers Name & Tribe: _____

Fathers Name & Tribe: _____

Phone: _____ Youth Phone: _____

D.O.B: _____ Age: _____



Sex: Male Female Two Spirit (M to F) Two Spirit (F to M) Questioning Other

Name of Tribe(s): _____ Enrolled Not Enrolled

Living Arrangement: _____ Household Size: _____ Brothers _____ Sisters

Family Income: \$ _____ /Year Youth Employed? Yes No Parent(s) Employed? Yes No

Public Assistance: TANF Food Stamps Medicaid SSI Other _____

School Attending: _____ Last Grade Completed: _____ # of Absences _____

Youth on IEP? Yes No If Yes, what subject? _____

Youth Police Citations? Yes No If Yes, what citations? _____

Youth on Probation? Yes No

Worker Name: _____ Probation End Date: _____

Youth Previous Counseling? Yes No If Yes, Chemical Dependency Mental Health

Provider: _____ Medications: _____

Youth ever in Psychiatric Unit? Yes No How Many Times? _____ When Last Time? _____

Current Medical Physician: _____ Hospital/Clinic: _____

Current Counselor: _____ Hospital/Clinic: _____

Youth Dance at Pow Wows? Yes No

Which category? _____

Youth Sing/ Drum? Yes No

Youth Participate in Ceremonies? Yes No

Youth Learning Native Language? Yes No

Youth Play Sports? Yes No

Which Sports? _____

Positive Friends? Yes No

What are youth's hobbies:

What are youths strengths:

What are youth's challenges:

What are youth's goals:

What are three wishes youth has:

What does youth need to be successful:

STAFF ONLY

Type of Referral: Emergency Service Adjunct Psychological Services

Diversion with Case Management Inter-agency Support (No Case Management)

Services:

Mentoring Tutoring Family Support Family Counseling Individual Counseling

Psychological Evaluation/Assessment Group _____

Referral To: _____

Youth Signature

Parent/Legal Guardian Signature

Youthworks Signature