



Guadalupe County Juvenile Services

Prevention Program Referral Form

Juvenile Name: _____ DOB: _____

School: _____ Grade: _____

Gender: Male Female Ethnicity: _____

Primary Language: _____

Parent/Guardian Name(s): _____

Contact Number(s): _____

Address: _____

Parent(s)/Guardian(s) Relation to Juvenile: _____

Family's Primary Language: English Spanish Other: _____

Referring Agency: _____ Referral Date: _____

Name/Title of Referral Source: _____

Phone Number: _____ Relation to Juvenile: _____

Please mark all areas of concern for this youth:

Truancy/Attendance Academic Performance Behavior Family Conflict Other

Description of Concern: _____

For questions, contact Prevention Officer Salvador Vela or JPO Administrator Jessica Diaz at 830-303-1274.

Please send referrals to: salvador.vela@co.guadalupe.tx.us and jdiaz@co.guadalupe.tx.us