



900 Jordan Street, Suite 102
Shreveport, Louisiana 71101
Main Office: (318) 425-4413
PLEASE FAX ALL FORMS TO: (318) 227-0208

Name of person referring: _____
Phone or email: _____
 Probation Officer R.J. F.I.N.S. T.C. JaPro Judge
 Other _____
Offense: _____ Date of Offense: _____
(Mark N/A if no offense has been committed)

VYJ REFERRAL FORM
Youth Programs

TODAY'S DATE: ____/____/____

STUDENT'S NAME: _____
First MI Last

ADDRESS: _____ Zip _____

_____/_____/_____
Race Gender Age DOB

PHONE: (_____) _____ (_____) _____
Home Other

MOTHER'S NAME _____ FATHER'S NAME _____

WHO DOES CHILD LIVE WITH (GUARDIAN)? _____

SCHOOL _____ GRADE _____ CHECK ONE: Regular Education Special Education 504

Please check the VYJ service requested: (POC & SOS require a \$40 fee).

- Stamp Out Shoplifting (SOS)**, age 10+
3rd Saturday session, 8:30am – 12:30pm

- Power of Choice (POC)**, age 12+
6 sessions, 1st, 2nd, 3rd Tuesdays & Thursdays
6:30 – 8:00 pm

Other: _____

SESSION DATE(S): _____

REASON FOR REFERRAL: _____

