Referral for Truancy
Court Appointed Special Advocate
Arapahoe County

PERSON MAKING REFERRAL:

Name: _____   Case Number: _____

Title: _____   Date of Referral: _____

Phone: _____   Email: _____

Please attach a copy of recent casework, school, or other reports and submit to:
CASAinArapahoe@adv4children.org

NAME OF CHILD(REN) BEING REFERRED FOR A TRUANCY CASA:

1. _____   _____   _____   ☐ Male   ☐ Female
   First   Last   DOB

2. _____   _____   _____   ☐ Male   ☐ Female
   First   Last   DOB

3. _____   _____   _____   ☐ Male   ☐ Female
   First   Last   DOB

RACE:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian/Pacific Islander
☐ Two or More Races
☐ White

PARENT INFORMATION (*Add additional parents on last page in Notes section*):

Mother: _____   _____   _____
        First   Last   Phone

_____
                                        Address

Father: _____   _____   _____
        First   Last   Phone

_____
                                        Address

NEXT HEARING: _____
                   Date   Time   Type

CASEWORKER ASSIGNED: _____ Ph. #_____

Email address: _____

GUARDIAN AD LITEM: _____ Ph. #_____

Email address: _____

DEFENSE COUNSEL: _____ Ph.#_____

Email address: _____

EDUCATION:

Participant is currently attending _____ Grade level: _____

MEDICAL AND SAFETY RISK:

☐ No Known Medical and Safety Concerns

Safety Concerns *(Type as much detail as necessary. Text will wrap):*

_____

Allergies *(Type as much detail as necessary. Text will wrap):*

_____

Medical Concerns *(Type as much detail as necessary. Text will wrap):*

_____

FAMILY HISTORY/DYNAMICS *(Type as much detail as necessary. Text will wrap):*

_____

HOW CAN A CASA HELP ON THIS CASE? *(Type as much detail as necessary. Text will wrap):*

_____

WHAT INFORMATION ABOUT THE CASE CAN YOU DISCLOSE? *(Type as much detail as necessary. Text will wrap):*

_____

WHAT TYPE OF CASA WOULD YOU PREFER ON THIS CASE?

1. **Gender**:   ☐ Male   ☐ Female

2. **Age:**   ☐ 21-30   ☐ 31-40   ☐ 41-50   ☐ 50+

3. **Other Specific Requests** *(Type as much detail as necessary. Text will wrap):*

_____

NOTES *(Type as much detail as necessary. Text will wrap):*

_____