

Promising Youth Program Referral Form



The Salt Lake City Police Department's core youth prevention and intervention initiative, the Promising Youth Program, is a comprehensive effort to reduce crime, violence, and gang involvement. Its purpose is to provide youth with the opportunities and support needed to strengthen protective factors and reduce risk factors.

Youth Intervention Advocates meet with participants during school hours and, when needed, home visits, fostering the development of healthy life skills that promote long-term success. The program also delivers individualized case management by assessing each youth's risks and needs, connecting them with targeted services through a multidisciplinary intervention team, and providing ongoing support and follow-up.

Our program provides services in areas such as:

- Gang Prevention/Intervention
- Anger Management
- Violence Prevention/Intervention
- Effective Communication
- Family Support and Resources
- Consequential Thinking
- Conflict Resolution
- Life Skills
- Etc., etc., etc.

*Please fill out this referral and submit to your assigned school advocate, or 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 :

Krystyn Stargel, PYP Program Manager
Salt Lake City Police Department
krystyn.stargel@slc.gov
Phone: (385) 312-3104
police.slc.gov/pyp

Referred By (Name):	Organization:	Position:
Phone:	Email:	Today's Date:

CLIENT INFORMATION:

First Name (Client):		Last Name (Client):	
Address (Client Currently Resides At):			
City:		State & ZIP:	
Primary Phone Number (Client):			
Date of Birth (Client):		Age:	Gender: Male/Female/Non-binary
Ethnicity: <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) _____			
Language Preferred for Client:			

PARENT/LEGAL GUARDIAN(S) INFORMATION:

First Name (<i>Guardian 1</i>):	Last Name (<i>Guardian 1</i>):
Phone-Home (<i>Guardian 1</i>):	Phone-Cell (<i>Guardian 1</i>):
First Name (<i>Guardian 2</i>):	Last Name (<i>Guardian 2</i>):
Phone-Home (<i>Guardian 2</i>):	Phone-Cell (<i>Guardian 2</i>):
Relevant Family Information:	
Language Preferred for Guardian:	<i>Parents/Guardian(s) must be notified of this referral; has this been completed?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason(s) for Referral: <i>(Please give a brief explanation.)</i>	
The Support services being requested for the individual:	This referral was made after the following:
<input type="checkbox"/> Violence Prevention/Intervention	<input type="checkbox"/> First Incident
<input type="checkbox"/> Resistance Techniques to Antisocial Behavior	<input type="checkbox"/> 2-5 Incidents
<input type="checkbox"/> Conflict Resolution Skills Training	<input type="checkbox"/> 5+ Reoccurring Incidents
<input type="checkbox"/> Life Skills Training	
<input type="checkbox"/> Anger Management	How would you rate the level of support needed:
<input type="checkbox"/> Gang Prevention/Intervention	<i>(1 being the lowest and 4 being the highest)</i>
<input type="checkbox"/> Peer-Resistance Skills Training	<input type="checkbox"/> 1 Low-Risk
<input type="checkbox"/> Effective Communication Skills	<input type="checkbox"/> 2 Low-Medium Risk
<input type="checkbox"/> Building Healthy Relationships	<input type="checkbox"/> 3 Medium Risk
<input type="checkbox"/> Managing Difficult Decisions	<input type="checkbox"/> 4 High Risk
<input type="checkbox"/> Consequential Thinking Skills	
<input type="checkbox"/> Family Support and Resources	
<input type="checkbox"/> Substance Use Prevention/Intervention	
<input type="checkbox"/> Personal Self-Management Skills	
<input type="checkbox"/> Stress Management Skills	
School Status: <input type="checkbox"/> Attending K-12 <input type="checkbox"/> Not Attending <input type="checkbox"/> High School Graduate GED School Name: _____ Grade Level: _____ Student Number: _____	
Probation Status: <input type="checkbox"/> On Juvenile Probation <input type="checkbox"/> JJS Custody <input type="checkbox"/> No Involvement <i>(If involved in Juvenile Probation or in JJS custody please provide name of Probation/Parole Officer)</i>	
Other Programs Individual Has Participated In:	
Additional comments:	