



Cayuga Centers - IGNITE Youth Alliance Referral Form

Cayuga Centers IGNITE Youth Alliance is a mentoring program in partnership with more than 30 other community partner agencies, providing services and opportunities for youth involved in or at high risk for being involved in gangs, high-risk street activities and community violence. Our strategies include intervention, prevention and suppression activities to address violence in St. Lucie County.

IGNITE Youth Alliance is based on a national anti-violence model developed by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by the National Gang Center. The goal of the program is to reduce gang-related crime, community violence and victimization in St. Lucie County by providing alternatives and opportunities for youth. The program is voluntary and there is no cost for participants.

IGNITE Youth Alliance serves youth (males and females) ages 6-18 that are involved in or at risk for involvement in high-risk street activity and gangs. We provide the following services and opportunities:

- Mentoring
- Assistance with completing probation sanctions
- Life Skills
- Tutoring
- Assistance with Employment
- Fatherhood Initiative/Girls Circle
- Transportation
- Therapeutic and Psychiatric
- Pro-Social Activities
- Targeted Case Management

Referral Criteria:

<p>Male 6-11:</p> <ul style="list-style-type: none"> • Serious behavioral issues at school or at home • Family history of violence, gang involvement, substance abuse • Academic failure, lack of commitment to school (truancy) • Bullying and/or fighting behavior at school/street • Victimization and exposure to street violence/trauma (friends/family members killed) 	<p>Male 12-24:</p> <ul style="list-style-type: none"> • Involvement in a gang or violent street organizations • Recently released from prison • Recently shot • History of violence • Weapons carrier • Prior criminal history • Involved in high risk street activity 	<p>Girls 12-18:</p> <ul style="list-style-type: none"> • Family history of violence, gang involvement, substance abuse • Friends (and significant others) who engage in the problem behavior (violence, gang involvement, substance abuse) and antisocial peers. • Sexual exploitation/trauma • Academic failure, lack of commitment to school (truancy), bullying, fighting behavior at school/street. • Victimization and exposure to street violence/trauma (friends/family members killed)
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cayugacenters.org/ignite



Cayuga Centers IGNITE Youth Alliance – Referral Form

FIRST NAME:		MI:	LAST NAME:	
AKA:	DOB:	AGE:	<input type="checkbox"/> MALE: <input type="checkbox"/> FEMALE	
ADDRESS:	CITY:	ZIP:	PHONE:	
PARENT/GUARDIAN NAME & PHONE (if under 18)	INSURANCE ID NUMBER:	GRADE:	SCHOOL:	
ETHNICITY: <input type="checkbox"/> White/Anglo <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other/Multiracial <input type="checkbox"/> Other				
SCHOOL HISTORY: <input type="checkbox"/> Has history of suspensions <input type="checkbox"/> Has history of expulsions <input type="checkbox"/> Has history of school disciplinary problems <input type="checkbox"/> Has history of school violence problems <input type="checkbox"/> Decline in academic performance <input type="checkbox"/> Truant		SCHOOL STATUS: <input type="checkbox"/> Attending schools <input type="checkbox"/> Not enrolled <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED/Voc Ed Classes <input type="checkbox"/> Drop Out <input type="checkbox"/> Others _____		CRIMIANL HISTORY/STATUS: <input type="checkbox"/> No prior history <input type="checkbox"/> Unknown <input type="checkbox"/> Pending Adjudication Incarcerated <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Where _____ On Probation/Parole: <input type="checkbox"/> Past <input type="checkbox"/> Present Prob./Parole Officer/Contact Info:
LEVEL OF INVOLVEMENT/ACTIVITY: 4 being the lowest and 1 being the highest rate the individual's level of gang involvement/association, or if the referral is not gang related, general delinquency status? Gang Involvement: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Unknown Delinquency Level (Not Gang Related): <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Unknown		POSSIBLE GANG INDICATOR: <input type="checkbox"/> Admits gang involvement <input type="checkbox"/> Siblings of known gang member <input type="checkbox"/> Associates with gang members <input type="checkbox"/> Frequents known gang area <input type="checkbox"/> Wears gang attire <input type="checkbox"/> Involved in gang related incident(s) <input type="checkbox"/> Gang related tattoos/piercing <input type="checkbox"/> Gang Affiliation _____		BEHAVIORAL/MENTAL HEALTH INDICATORS: <input type="checkbox"/> Behavior/discipline issues at home <input type="checkbox"/> Suspected/known drug/alcohol use <input type="checkbox"/> Aggressive/anti-social attitude <input type="checkbox"/> Frequents known gang area <input type="checkbox"/> Runaway <input type="checkbox"/> Violent actions <input type="checkbox"/> Access to weapons <input type="checkbox"/> Other _____
Additional Qualifying Referral Criteria: <input type="checkbox"/> Family history of violence, gang involvement, substance abuse <input type="checkbox"/> Sexual exploitation/trauma <input type="checkbox"/> Bullying, fighting behavior at school/on streets <input type="checkbox"/> Academic failure, lack of commitment to school (truancy) <input type="checkbox"/> Friends (or significant others) who engage in the problem behavior (Violence, gang involvement, substance abuse), anti-social peers <input type="checkbox"/> Victimization and exposure to street violence/trauma (friends, family members killed)				
REFERRING PERSON & TITLE:		AGENCY & CONTACT INFO:		REFERRAL DATE:
REASON FOR REFERRAL:				
EMAIL TO: ignitereferrals@cayugacenters.org – or – FAX: (772) 272-9537 For more information or to refer a person to the IGNITE Youth Alliance, please contact Darcy McFolley, Program Manager at Cell: (772) 529-8608 Adrienne Huggins, Director of Treasure Coast Programs at Cell (561) 384-4340 Office: (772) 261-6015 Shantel Bressler, Program Assistant IGNITE Youth Alliance at Cell (772) 529-8663 Marcus Mills, Program Assistant Manager at Cell (772)-940-3408				