



## 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 mental and behavioral health needs. Our strategies include intervention, prevention, peer mentoring, targeted case management, therapeutic services and medication management.

IGNITE Youth Alliance serves youth (males and females) ages 6-18 that are involved in or at risk for involvement in high-risk street activities and have mental and/or behavioral health challenges. We provide the following services and opportunities:

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

### Referral Criteria:

<p><b>Male 6-11:</b></p> <ul style="list-style-type: none"> <li>• Behavioral issues at school or at home</li> <li>• Academic failure, lack of commitment to school (truancy)</li> <li>• Bullying and/or fighting behavior at school/street</li> <li>• Victimization and exposure to street violence/trauma (friends/family members killed)</li> </ul>	<p><b>Male &amp; Females 12-24:</b></p> <ul style="list-style-type: none"> <li>• Behavioral issues at school or at home</li> <li>• Recently released from prison</li> <li>• Weapons carrier</li> <li>• Prior criminal history</li> <li>• Involved in high risk street activity</li> <li>• Friends (and significant others) who engage in the problem behavior (violence, substance abuse) and antisocial peers.</li> <li>• Sexual exploitation/trauma</li> <li>• Academic failure, lack of commitment to school (truancy), bullying, fighting behavior at school/street.</li> <li>• Victimization and exposure to street violence/trauma (friends/family members killed)</li> </ul>
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[cayugacenters.org/ignite](http://cayugacenters.org/ignite)



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<b>FIRST NAME:</b>		<b>MI:</b>	<b>LAST NAME:</b>	
<b>AKA:</b>	<b>DOB:</b>	<b>AGE:</b>	<input type="checkbox"/> <b>MALE:</b> <input type="checkbox"/> <b>FEMALE</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP:</b>	<b>PHONE:</b>	
<b>PARENT/GUARDIAN NAME &amp; PHONE (if under 18)</b>	<b>INSURANCE ID NUMBER:</b>	<b>GRADE:</b>	<b>SCHOOL:</b>	
<b>ETHNICITY:</b> <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				
<b>SCHOOL HISTORY:</b> <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		<b>SCHOOL STATUS:</b> <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 _____ _____	<b>CRIMIANL HISTORY/STATUS:</b> <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:	
<b>LEVEL OF INVOLVEMENT/ACTIVITY:</b> 4 being the lowest and 1 being the highest rate the individual's level of risky behaviors/association, or if the referral is general delinquency status?  <b>Risky Behaviors:</b> <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Unknown  <b>Delinquency Level (Not Gang Related):</b> <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Unknown		<b>BEHAVIORAL/MENTAL HEALTH INDICATORS:</b> <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"/> Runaway <input type="checkbox"/> Violent actions <input type="checkbox"/> Access to weapons <input type="checkbox"/> <b>Other</b> _____		
<b>Additional Qualifying Referral Criteria:</b> <input type="checkbox"/> Family history of violence, 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, substance abuse), anti-social peers <input type="checkbox"/> Victimization and exposure to street violence/trauma (friends, family members killed)				
<b>REFERRING PERSON &amp; TITLE:</b>		<b>AGENCY &amp; CONTACT INFO:</b>		<b>REFERRAL DATE:</b>
<b>REASON FOR REFERRAL:</b>				
<p>EMAIL TO: <a href="mailto:ignitereferrals@cayugacenters.org">ignitereferrals@cayugacenters.org</a> – or – FAX: (772) 272-9537</p> <p>For more information or to refer a person to the IGNITE Youth Alliance, please contact</p> <p>Darcy McFolley, IGNITE Program Manager at Cell: (772) 529-8608</p> <p>Adrienne Huggins, Vice President of TFFC Programs and Treasure Coast Community Based Programs at Cell (561) 384-4340   Office: (772) 261-6015</p> <p>Shantel Bressler, IGNITE Program Assistant at Cell (772) 529-8663</p> <p>Marcus Mills, IGNITE Program Assistant Manager at Cell (786) 417-4955</p>				