



546 NW University Blvd. Suite 204
Port St. Lucie, FL 34986
772-871-5880
www.roundtableslc.com

RESTORING THE VILLAGE YOUTH INITIATIVE
REFERRAL FORM COVER LETTER

The Restoring the Village Youth Initiative is an intervention, prevention and suppression program to address violence in St. Lucie County. It 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 national model is a multi-strategy, multidisciplinary approach to youth violence that has proven to be effective in reducing gang activity. The goal of the project is to reduce gang-related crime and violence in the City of Fort Pierce and St. Lucie County by providing alternatives and opportunities for youth.

The Initiative is administered by the Roundtable of St. Lucie County, in partnership with the Fort Pierce and Port St. Lucie Police Departments, Sheriff's Office, Health Department, School District, Department of Juvenile Justice, and more than 30 other community partner agencies working to help develop services and opportunities for individuals involved in gangs or high risk behavior. Funding partners include OJJDP, the St. Lucie County Board of Commissioners, Allegany Franciscan Ministries, and the Roy A. Hunt Foundation.

This is truly a community effort to address violence on the streets of Fort Pierce, and we hope you will partner with us by referring high risk youth who need immediate intervention services. The Restoring the Village Youth Initiative is focused on reaching young men ages 16-24 who are involved in gang activity in the Lincoln Park area. When a person is accepted as a client in the Initiative, he will be assigned a street outreach worker who will "reach out" to the youth and his family, acting as a positive role model, providing access to necessary services provided by Roundtable members and partners, and advocating on behalf of that youth to help him address challenges and overcome barriers. The client's needs will also be addressed by a multidisciplinary multiagency team of professionals who will meet regularly to provide wraparound services to each youth in the program.

Our Primary Targets for this initiative are African American males, aged 16-24, who are known or suspected gang members affiliated with gangs operating in the Lincoln Park area of Fort Pierce, including 29th Street, 23rd Street, 13th Street, 10th Street, Island Boys Clan, and Zoe Pound. We may also provide services to individuals who meet these criteria between the ages of 12 and 15.

To refer, please fill out the accompanying referral form for any individuals meeting two or more of the following criteria:

- 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

There is no cost to clients entering the program.

For more information or to refer a person to the Youth Initiative, please contact Restoring the Village Youth Initiative Program Coordinator, Monica Jakobsen at 772-448-3120 or mjakobsen@roundtableslc.org.

RESTORING THE VILLAGE YOUTH INITIATIVE REFERRAL FORM

FIRST NAME:	MI:	LAST NAME:		
AKA:	DOB:	AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS:	ZIP:	PHONE:		CELL:
SCHOOL NAME:			GRADE:	
PARENT/GUARDIAN (if under 18 years of age):		PHONE:		CELL:

ETHNICITY:

White/Anglo Hispanic/Latino Asian/Pacific Islander
 Black/African American American Indian/Native American Other/Multiracial Specify other: _____

<p>SCHOOL HISTORY:</p> <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	<p>SCHOOL STATUS:</p> <input type="checkbox"/> Attending school <input type="checkbox"/> Not Enrolled <input type="checkbox"/> H S graduate <input type="checkbox"/> GED/Voc Ed classes <input type="checkbox"/> Other _____	<p>CRIMINAL HISTORY STATUS:</p> <input type="checkbox"/> No prior history <input type="checkbox"/> Don't Know <input type="checkbox"/> Pending Adjudication Incarcerated: <input type="checkbox"/> Past <input type="checkbox"/> Present Where _____ On Probation/Parole: <input type="checkbox"/> Past <input type="checkbox"/> Present Probation/Parole Officer & Contact: _____
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<p>LEVEL OF INVOLVEMENT/ACTIVITY: With 4 being the lowest and 1 being the highest, how would you rate this 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"/> Don't Know Delinquency Level (Not Gang Related) <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 </p>	<p>POSSIBLE GANG INDICATORS:</p> <input type="checkbox"/> Admits gang involvement <input type="checkbox"/> Sibling 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/Piercings GANG NAME: _____	<p>DELINQUENCY INDICATORS:</p> <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"/> Other _____
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REFERRING PERSON AND TITLE:	AGENCY AND CONTACT INFORMATION:
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REASON FOR REFERRAL (Use back if more space is needed):	REFERRAL DATE:
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EMAIL TO mjakobsen@roundtablesic.org – OR – FAX TO OFFICE (772) 448-3126

ADMINISTRATIVE NOTES – FILLED OUT BY PROGRAM STAFF

REFERRAL ASSIGNED TO: _____ **DATE ASSIGNED:** _____

CLIENT MEETS CRITERIA: YES NO **IF NO, WAS CLIENT REFERRED TO ANOTHER AGENCY?** YES NO

AGENCY: _____ **SERVICES:** _____

COORDINATOR'S SIGNATURE: _____ **DATE:** _____