



STARTS Referral Form- Court Addendum
Phone (800) 704-0900 Fax to (408) 938-4536



1: PARENT INFORMATION

Biological Mother:		Current caregiver? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full Name:		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: (mark one) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other:		Primary Language: (mark one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:	

Treatment Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:
Type:

Address:	City:	Zip:
Phone: Hm:	Wk:	
Cell:	Best Time to Call:	

	Name	Phone(s)	Other
Social Worker:			SW #:
Mentor Parent:			

Biological Father:		Current caregiver? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full Name:		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: (mark one) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other:		Primary Language: (mark one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:	

Treatment Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:
Type:

Address:	City:	Zip:
Phone: Hm:	Wk:	
Cell:	Best Time to Call:	

	Name	Phone(s)	Other
Social Worker:			SW #:
Mentor Parent:			

7: FAMILY COURT INVOLVEMENT

Restraining Orders	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Court Orders	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Probation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Officer:
Visitation Granted to another parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes	



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Referring Person's Name:

Court Addendum- Comments, Notes, Additional Information