



1101 S 13th Street
Terre Haute IN 47802
(812) 232-3952 ext 67
Fax: (812) 232-1731

CASY ALCOHOL & DRUG PROGRAM REFERRAL FORM FOR FIRST OFFENSE

Youth's name: _____ Home/Mobile Phne: _____

Address: _____ City/State/Zip: _____

School: _____ Grade: _____

Parent/Guardian: _____

Referral Date: _____

Person Referring (circle one): Azar Stevens Balitewicz Probation

This class consists of four (4) sessions that are held at the Chances and Services for Youth offices in the Booker T. Washington Community Center. Classes are held on Monday evenings from 4:30 to 6:00 PM. This program is designed to help students understand the dangers of alcohol and drug usage and to equip them with the skill sets to make better decisions in the future.

Reason/s for referral:

Note: The referring agency will exchange information with CASY about the referred youths in the program.

Referral Accepted:

Signature of Parent/Guardian: _____ Date: _____

To Referred Youth: You will be contacted by mail and/or phone when your referral is received. If your address or phone number has changed, it is YOUR responsibility to contact the listed probation officer with your current information.

Teen Court Coordinator: Holly Mullenix email: hmullenix@casyonline.org