



YOUTH DIVERSION PROGRAM REFERRAL FORM

To refer a minor to spcaLA’s Youth Diversion Program, complete this form and send to the contact information listed below. Upon receipt of referral, spcaLA’s Violence Prevention Humane Education Department will confirm minor’s eligibility and contact the parent/guardian for enrollment. The referred minor must successfully complete spcaLA’s program by _____

MINOR’S NAME:

MINOR’S CASE NUMBER:

MINOR’S DATE OF BIRTH:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE NUMBER:

PARENT/GUARDIAN ADDRESS: CITY STATE ZIP

REFERRING OFFICER/CASE MANAGER NAME: EMAIL:

AGENCY/PROGRAM: PHONE NUMBER:

MINOR’S VIOLATION/OFFENSE:

MINOR HAS A DEMONSTRATED A HISTORY OF (CHECK ALL THAT APPLY):

- Animal Cruelty Child Abuse/Neglect Bullying/Harassment Assault/Battery Domestic Violence
 Anger Management Substance Use Antisocial Tendencies Truancy Impulsive Risk Taking

PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING ABOVE HISTORY:

Email or fax completed referral form to:
Violence Prevention Humane Education Department
spcaLA Email: humaneeducation@spcaLA.com | Fax: (562) 354-2987

(This portion to be completed by spcaLA staff only)

Please check one of the following and return the form to the Referring Officer.

- Minor completed the program on _____ Date rec: _____
 Minor enrolled but failed to complete the program. Date rtn: _____
 Minor did not enroll in the program.