



EnlightenMENT: NJ Peer2Peer Mentoring Program Youth Referral Form

Eligibility Criteria

- Young people ages 14-21 who are in out-of-home placement for less than 18 months in the following counties: Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, Monmouth, Ocean and Union.
 - Children’s Aid and Family Services – Essex, Union and Middlesex
 - Children’s Home Society – Mercer, Monmouth and Ocean
 - Oaks Integrated Care – Atlantic, Burlington and Camden
- Candidates should be enrolled prior to their 20th birthday to allow for one-year of service delivery.
- Exclusionary criteria includes:
 - Youth with a Developmental Disability (DD)/Intellectual Disability (ID) that preclude the youth’s daily functions.
 - Youth in a Psychiatric Community Home (PCH) or Specialty Residential Services (SPEC) are not eligible.

DCP&P Information

Case Worker:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Office Number:	Click or tap here to enter text.	State Cell:	Click or tap here to enter text.
Supervisor:	Click or tap here to enter text.	Supervisor Email:	Click or tap here to enter text.
Supervisor Office #:	Click or tap here to enter text.	Supervisor Cell #:	Click or tap here to enter text.
NJ Spirit Case ID #:	Click or tap here to enter text.	NJ Spirit Person ID #:	Click or tap here to enter text.
Local Office Name:	Click or tap here to enter text.	DCP&P Case Name:	Click or tap here to enter text.

Referral Information

Youth’s Name:	Click or tap here to enter text.	Preferred Name:	Click or tap here to enter text.
D.O.B.:	Click or tap here to enter text.	Preferred Pronoun(s):	Click or tap here to enter text.
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-Male <input type="checkbox"/> Trans-Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Undisclosed		
Primary Language:	Click or tap here to enter text.	County of Youth Placement:	Click or tap here to enter text.
Youth’s Phone #:	Click or tap here to enter text.	Youth’s Email:	Click or tap here to enter text.
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or More Races		
Ethnicity:	<input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South or Central American <input type="checkbox"/> Other Spanish <input type="checkbox"/> None		



Current Level of Care:	<input type="checkbox"/> Unrelated Resource Home <input type="checkbox"/> Relative Resource Home <input type="checkbox"/> Therapeutic Foster Home <input type="checkbox"/> Residential <input type="checkbox"/> Independent Living Placement <input type="checkbox"/> Group Home <input type="checkbox"/> Supportive Youth Housing (TLP, C2H, FYI) <input type="checkbox"/> Shelter <input type="checkbox"/> Juvenile Detention Center/Detention Center		
Placement Contact Person Name:	Click or tap here to enter text.	Relationship to Youth:	Click or tap here to enter text.
Placement Contact DOB (CHS agency referrals only):	Click or tap here to enter text.	Is the child of Native American Heritage?	Click or tap here to enter text.
Placement Street Address:	Click or tap here to enter text.	City, State and Zip Code	Click or tap here to enter text.
Placement Contact Telephone Number:	Click or tap here to enter text.	Placement Contact Email:	Click or tap here to enter text.

Youth Information

Youth's Interests:	Click or tap here to enter text.		
Brief Summary of Current Placement:	Click or tap here to enter text.		
Permanency Goal:	<input type="checkbox"/> Reunification <input type="checkbox"/> Independent Living (14-17) <input type="checkbox"/> KLG <input type="checkbox"/> Individual Stabilization (18-21) <input type="checkbox"/> Adoption		
Is the youth expecting or currently a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many children do they have?	Click or tap here to enter text.
		Who has custody of the child(ren)?	Click or tap here to enter text.
Attachments: (optional)	<input type="checkbox"/> Court Order <input type="checkbox"/> Case Plan <input type="checkbox"/> Evaluations <input type="checkbox"/> IEP/Educational <input type="checkbox"/> CP&P Case Plan/TPYS <input type="checkbox"/> Other Click or tap here to enter text.		
Youth Verbal Agreement Obtained: ★	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Law Guardian Notified of Youth's Interest in Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No

★
CP&P must obtain a verbal agreement from the youth to be referred to Peer2Peer.
★
Signed agreement from youth and signed consent from parent/guardian must be completed by/at Program Enrollment Meeting.

Date Referral Sent to Agency: Click or tap here to enter text.



Please Attach All Available Documents and Return Completed Referral Form to the Appropriate Servicing Provider:

Essex, Union and Middlesex
Children's Aid and Family Services

Program Coordinator: Tisha Mender, Coach Supervisor
Phone Number: (973)458-1007
Email: tmender@cafsnj.org

Mercer, Monmouth and Ocean
Children's Home Society

Program Coordinator: Nicole Coburger, Director
Phone Number: (609) 695-6274 x 159
Email: ncoburger@chsofnj.org

Atlantic, Burlington and Camden
Oaks Integrated Care

Program Coordinator: Jamie Rae Capri, Clinical Coordinator
Phone Number: 609-953-6800 x44001
Email: jamie.capri@oaksintcare.org

