

Memorandum of Understanding

Youth Crisis Center (YCC) will provide free counseling services to identified youth enrolled in **School Board of Clay County (SBCC) schools which are** located in the Department of Juvenile Justice (DJJ) targeted high crime zip code areas as designated by DJJ during the school year **2007-2008**. The schools served will be WEC, WES, OPJH and WJH. I understand that this document demonstrates a general understanding of, and agreement of cooperation, between **YCC and SBCC**.

YCC, in attempting to assist youth to stay in school and to have them remain united with their families, will provide the following services at no cost to your designated schools for youth referred by your school social workers;

1. Goal Planning;
2. Groups based on the needs of the referred students;
3. Short-term individual counseling at the designated schools and family counseling, when needed, at other available designations;
4. Case management;
5. Referral to community partners for further services;
6. Clinical Presentations to teachers and students, as needed/requested.

In support of this program, the **SBCC** will provide YCC at no cost;

1. Office and/or work space at the above named schools;
2. Telephone and/or telephone access while at the above named school;
3. Access to copy machine and fax machine;
4. Referrals for services from the School Social Workers, Guidance Counselors or other school personnel.

YCC agrees to have the designated counselors fingerprinted at the SBCC's Human Resources Office at 900 Walnut Street in Green Cove Springs, FL. It is understood that no counselors may service a school without this procedure being completed and without having been cleared by the Human Resources Department of the school district. The cost of \$61.00 per person will be borne by the agency, Youth Crisis Center.

Representative of SBCC

David L. Owens
Name Printed

Superintendent
Title

Signature

Date

Representative of Youth Crisis Center

Name Printed

Title

Signature

Date

YOUTH CRISIS CENTER REFERRAL FORM

**Referred
by:**

Name	Agency/Title
Referral Date	Referral Time

Client Information:

Social Security Number		Date of Birth	
Name of Child			
Address			
Name of Parent/Guardian		Child's Race	Child's Gender
Telephone		Resides With	
Home	Work/Cell		
School		Grade	
Briefly explain problem below:			

Presenting issues (circle)

Truancy Running away Anger Unruly at home/school Homeless/Lockout

Yes No Unknown

Does the case involve neglect or abandonment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the Department of Children and Families involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there pending allegations or referral for delinquency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child under supervision for dependency or delinquency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child/family aware of the referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Youth Crisis Center Use Only

Assigned to: _____ Date: _____

