

Court Order \_\_\_\_\_

Date Received by CSTP \_\_\_\_\_

The Arkansas National Guard  
Civilian Student Training Program  
Referral Application

**\*\*All students must be court ordered to CSTP: copy of court order must be received prior to intake\*\***

Please complete each blank

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Socio/Psychological Assessment Available: Yes / No (If yes, please attach a copy):  
\_\_\_\_\_

Past treatment programs / institutions, dates and reasons for admission (if none, please write " none"):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: Yes / No (if Yes, list type, daily dosage & reason): \_\_\_\_\_  
\_\_\_\_\_

Allergies: Yes / No (If Yes, list. Ex: poison ivy, bee sting etc.): \_\_\_\_\_  
\_\_\_\_\_

Last school attended: \_\_\_\_\_ Date last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Special school services provided, if any: \_\_\_\_\_

Student is required to have a physical exam dated within 90 days of enrollment and must be received prior to intake

Referring Judge: \_\_\_\_\_ County: \_\_\_\_\_

Referring Juvenile Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian SSN: \_\_\_\_\_

Parent/Guardian Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Student Insurance Information (number and provider): \_\_\_\_\_

\*Please note that no student will be accepted without medical insurance\*

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Current Charges: \_\_\_\_\_

Past Adjudication: \_\_\_\_\_

**\*\*\*Incomplete or obsolete forms may be returned\*\*\***

CSTP Form R April 14. All previous forms are obsolete.