

CIVILIAN STUDENT TRAINING PROGRAM – REFERRAL APPLICATION

All Personally Identifiable Information Below is Protected by the Privacy Act and HIPAA.

****All students must be court ordered to CSTP: copy of court order must be received before intake****
All students must have a physical exam dated within 90 days of intake; copy must be received before intake

Student Personal Information

Name: _____
SSN: _____
DOB: _____ Race: _____

Address: _____
City: _____
State: _____ Zip: _____

Student Medical Information

Psychological Assessment: Yes / No
(If yes, please attach a copy):

Past inpatient treatment programs / dates / reasons
for admission (if none, please write "none")
Discharge summaries from last 6 months

Allergies: Yes / No (If Yes, List type of allergy):

Medication: Yes / No (if Yes, Name /Dose/Reason)

Insurance Information (number and provider):

**Students will not be accepted w/o active insurance.
*By giving insurance #, you certify consent to check
for activation of insurance via DHS.*

Student Education Information

Last school attended: _____
Date last attended: _____ Grade: _____

Special school services provided, if any:

Parent / Guardian(s) Information

Parent/Guardian Name: _____
SSN: _____ DOB: _____
Phone: _____
DL#: _____ Exp Date: _____
Parent Email: _____

Parent/Guardian Name: _____
SSN: _____ DOB: _____
Phone: _____
DL#: _____ Exp Date: _____
Parent Email: _____

Court Information

Current Charges: _____
Past Adjudicated Charges: _____
Referring Judge: _____ County: _____
Referring Juvenile Officer: _____ Phone: _____
Referring Juvenile Officer Email: _____