

NASSAU COUNTY YOUTH BOARD

JUVENILE JUSTICE INITIATIVE

CLIENT TERMINATION

PLEASE COMPLETE ALL BOXES

REPORT FOR DATE ENDING: (YYYY-MM-DD)

- FCA
- REACH
- FP
- FP

- WCIC
- YES
- GCBG

B: AGENCY CLIENT CODE:

C: INITIALS OF CLIENT:

D: INTAKE DATE: (YYYY-MM-DD)

E: TERMINATION DATE: (YYYY-MM-DD)

F. REASON FOR TERMINATION (Check all that apply):

- 1. MOVED FROM SERVICE AREA
- 2. ENROLLED IN JOB CORPS
- 3. TRANSFERRED TO OTHER PROGRAM:
- 4. AGED OUT OF PROGRAM
- 5. ARRESTED/INCARCERATED/PLACEMENT FACILITY
- 6. JOINED ARMED FORCES
- 7. CLIENT REFUSED SERVICE
- 8. SUCCESSFUL COMPLETION OF PROGRAM
- 9. OTHER (SPECIFY):

G. PLEASE INDICATE REFERRAL LINKS:

- 1. VOCATIONAL EDUCATION
- 2. RUNAWAY/HOMELESS SERVICES
- 3. G.E.D. PROGRAM
- 4. MENTAL HEALTH SERVICES
- 5. JOB READINESS TRAINING
- 6. LEGAL SERVICES
- 7. FAMILY MEDIATION PROGRAM
- 8. HEALTH SERVICES
- 9. EDUCATIONAL PROGRAM
- 10. DEPARTMENT OF SOCIAL SERVICES
- 11. DRUG/ALCOHOL PROGRAM
- 12. OTHER (SPECIFY):

SIGNATURE OF PERSON COMPLETING THIS REPORT: _____

DATED COMPLETED: (YYYY-MM-DD)

***CLIENT TERMINATION FORMS SHOULD BE SUBMITTED MONTHLY,
NO LATER THAN THE 15TH OF**