



ARIZONA DEPARTMENT OF CHILD SAFETY  
**SUCCESSFUL TRANSITION TO ADULTHOOD (STA)  
REFERRAL**

\_\_\_\_\_ Date

**Young Adult Information**

Participant's Legal Name		Participant's Chosen Name		Date of Birth	Gender
Primary Race/Ethnicity	Primary Language		Marital Status		
Participant's Home Phone No.	Participant's Cell Phone No.	Participant's E-mail		Living Arrangement Type	
Primary Caregiver Name	Relationship	Primary Caregivers Phone No.	Street Address		
			City	State	ZIP

Is this a Re-Referral? ..... Yes No

**Priority Areas of Interest for Youth: (check all that apply)**

- Cultural & Personal Identity
- Education
- Employment & Career Planning
- Health & Wellness
- Housing
- Personal Finance
- Personal Safety
- Positive Parenting
- Relationships & Community Supports
- Youth Protective & Promotive Factors

**What does the youth hope to accomplish in the next six months and how will this service support their goals?**

**Upcoming Meeting Dates & Times for Youth Referred (CFT, TDM, etc.):**

DCS PI No.	DCS CS No.	Payor (Referring DCS Region)	Referring DCS Office (city)
DCS Specialist		DCS Phone No.	DCS E-mail
DCS Specialist Signature			Date

**For PYS Unit Only**

Agency Assigned	Date Assigned	Contact Information
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