



CHOICE to CHANGE

Juvenile and Adult Intake

Please Remit Referral for Service to

Email: admin@choicetochange.org • Text: 561-401-2094 • Phone: 561-745-1779

Referral Date: _____

Due Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____ Phone: _____

_____ Email: _____

Offense: _____ Case#: _____

Referring Agents Name: _____ Date Met with Agency: _____

Phone #: _____ Fax#: _____ Email: _____

Intake DJJ Youth Court PBSO DATA FVIP NAB Legal Aid P.D. Court JDAP Walk in School

Choice to Change Services

- _____ THEFT EDUCATION PROGRAM (4HRS____, 8HRS____, 12HRS____)
- _____ CONSEQUENCES OF CRIME PROGRAM (4HRS____, 8HRS____, 12HRS____)
- _____ SUBSTANCE ABUSE EDUCATION (4HRS____, 8HRS____, 12HRS____)
- _____ ANGER MANAGEMENT (4HRS____, 8HRS____, 12HRS____)
- _____ RESPONSIBLE DEFENSIVE DRIVING COURSE (4HRS____, 8HRS____)
- _____ VICTIM IMPACT (4HRS)

****ONLINE LEARNING AVAILABLE FOR SELECT COURSES AND MORE AT CHOICETOCHANGE.ORG****

Choice to Change Additional Services (Based on availability/ Appointment only)

- _____ RESTITUTION REIMBURSEMENT PLACEMENT AMOUNT OWED \$ _____
- _____ SUBSTANCE ABUSE/MENTAL HEALTH ASSESSMENT
- _____ AGGRESSIVE REPLACEMENT TRAINING (10 WEEKS)
- _____ FAMILY REUNIFICATION
- _____ 10 STEPS TO POSITIVE CHANGE SUPPORT GROUP
- _____ DRUG TESTING _____ PER MONTH _____ (DATES)
- _____ **Last Date of drug use: _____
- _____ COMMUNITY SERVICE PLACEMENT _____ HOURS ORDERED _____

Special NOTE for service:

Choice to Change, Inc.
Phone: 561-745-1779 or Text: 561-410-2094 Email: admin@choicetochange.org
Print more intakes for your clients @ www.choicetochange.org (Top right of website)

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