Essex County Department of Social Services
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ESSEX COUNTY DEPARTMENT OF SOCIAL SERVICES

PINS REFERRAL FORM

2026-2027 school Year

APPLICATION FOR PERSON IN NEED OF SUPERVISION SERVICES *(School)*

Date: _____

CHILD/RESPONDENT

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

CHILD'S DATE OF BIRTH _____ AGE: _____ SEX: _____
ADDRESS:

_____
Street Town State Zip Code

NAME OF SCHOOL:

_____

GRADE: _____

HOME PHONE: _____ OTHER CONTACT # _____

PETITIONER INFORMATION

SCHOOL NAME:

_____

PRIMARY CONTACT PERSON:

_____

ADDRESS:

_____
Street Town State Zip Code

PHONE #: _____ EMAIL: _____

CHILD'S FAMILY

BIOLOGICAL MOTHER

NAME: _____ DOB: _____ SSN:

_____

ADDRESS:

_____

HOME PHONE: _____ OTHER CONTACT #

_____

OCCUPATION: _____ EMPLOYER:

_____

BIOLOGICAL FATHER

NAME: _____ DOB: _____ SSN:

_____

ADDRESS:

_____

HOME PHONE: _____ OTHER CONTACT #

_____

OCCUPATION: _____ EMPLOYER:

_____

LEGAL GUARDIAN

ADDRESS:

_____

HOME PHONE: _____ OTHER CONTACT #

_____

OCCUPATION: _____ EMPLOYER:

_____

STEP MOTHER

ADDRESS:

_____

HOME PHONE: _____ OTHER CONTACT #

_____

OCCUPATION: _____ EMPLOYER:

_____

STEP FATHER

ADDRESS:

_____

HOME PHONE: _____ OTHER CONTACT #

_____

OCCUPATION: _____ EMPLOYER:

_____

OTHER FAMILY AND HOUSEHOLD MEMBERS

Please list all siblings living in or out of the home (if known):

NAME RELATIONSHIP TO CHILD AGE ADDRESS
SCHOOL/WORK

_____

_____

_____

_____

_____

_____

Please list all other members of the household (if known):

NAME RELATIONSHIP TO CHILD AGE ADDRESS
SCHOOL/WORK

_____

_____

_____

_____

_____

_____

SCHOOL INFORMATION

NAME OF SCHOOL _____ GRADE _____

Child's current school enrollment status, regardless of attendance:
____ Graduated, GED ____ Dropped Out

____ Enrolled, Part Time ____ Suspended

____ Enrolled, Full Time ____ Expelled

Child's attendance in the previous three months:

____ Attends Regularly (at least 90% of the time)
____ Some partial day unexcused absences
____ Some full day unexcused absences
____ Five or more full-day unexcused absences
____ Not Applicable.

Child's conduct in the previous three months:

____ Positive behavioral adjustment
____ No problems reported
____ Infractions reported
____ Intervention by school administration (calls to parents, principal, or superintendent hearing.)
____ Police reports filed by school
____ Not Applicable

Child's academic performance in the previous three months:

____ B+ or above
____ C or better
____ C- or lower
____ Failing some classes
____ Failing most classes
____ Not Applicable

Is the child a special education student or has the child been found to have a learning, behavioral, or other disability, or have a formal IEP?

____ Yes ____ No

If Yes, please check all that apply:

____ Learning ____ Behavioral
____ ADHD/ADD
____ Other ____ Other Health Impaired

What school activities does the child participate in?

_____
____
_____
____

PINS COMPLAINTS

Please check all that apply:

Stayed out past curfew ____ Stealing ____
Lying ____ Physical violence ____
Drug/Alcohol Abuse ____ Behavior Problems in school ____
Truancy ____ Running Away ____
Leaves without permission ____ Other (Explain Below) _____
Physical/Verbal Threats ____

How many times has the child run away from home (over 24 hours)? _____
Provide Examples or Details:

_____
___
_____
___
_____
___
_____
___
_____
___

LEGAL HISTORY

Has the child ever had any of the following:
____ PINS Complaints ____JD Complaints ____ Family Offense Complaints
Has the child ever appeared before a Judge or Court? ____ Yes ____ No
If Yes, please explain
_____
_____
____
Has the child ever been placed out of the home by DSS or any other agency?
____ Yes ____ No
If Yes, please explain
_____
_____
_____
Has the child ever been placed on Probation Supervision or is there a Probation Officer currently working with your child? ____Yes ____ No
If Yes, name of Officer _____
If Yes, was the child ever found to be in Violation of Probation?
_____
Was the child ever placed in a secure or non-secure detention facility?
____ Yes ____ No
Was the child ever arrested as an adult? ____ Yes ____ No
If Yes, was the child ever convicted of a crime? ____ Yes ____ No
Was the child ever in jail? ____ Yes ____ No
Was a warrant ever issued for the child running away or not appearing in Court?
____ Yes ____ No

CHILD'S MENTAL HEALTH

____ No Reported Mental Health Problems
____ Reported Mental Health Problems

Has the child ever been diagnosed with the following? (check all that apply)
- ____ Bi-Polar
- ____ Psychosis
- ____ Other Mood/Depression Disorder
- ____ Thought/Personality and/or Adjustment Disorder
- ____ Other

Please explain:
_____

___
_____
___
_____
___
Has the child ever been hospitalized for a psychiatric problem?
____ Yes ____ No
If Yes, please list the hospital and the dates of hospitalizations (if known):
_____
____
_____
____
_____
____
Is the child now, or has the child ever been, in therapy/counseling?
____ Yes ____ No
If Yes, please list the name of agency/therapist and time frame of treatment:
_____
____
_____
____
Is the child currently, or have they ever been, on medication for mental health reasons?
____ Yes ____ No
If Yes, what medications?
_____
_____
_____
Is the child assigned to, or has the child ever been assigned to an Intensive Case Manager, Children's Health Home, or any other case management or crisis response service of this type?
____ Yes ____ No
If Yes, explain:
_____
Has the child ever demonstrated the following behaviors? (Please check all that apply)

____ Attention difficulties/hyperactivity
____Violence (check all that apply)
____ Displaying a Weapon ____ Use of a weapon (illegally)
____ Bullying/threatening ____ Violent destruction property
____ Assaultive behavior ____ Deliberate fire setting
____ Animal cruelty ____ Homicidal Thoughts
____ Suicidal Thoughts or Attempts
____ Self-injury/mutilation ____ Homicidal Threats
____ Sexual Aggression ____ Eating Disorder
____ Other

Explain:
_____
_____
_____
Has the child ever been the victim of a crime?

____ No indications
____ Victim of bullying
____ Victim of physical assault
____ Victim of property theft/vandalism

Has the child ever been physically or sexually abused?
____ No indication of physical or sexual abuse
____ Physical abuse by: (check all that apply)
____ Parent ____ Sibling ____ Other Family Member
____ Outside Family
____ Sexual abuse by: (check all that apply)
____ Parent ____ Sibling ____ Other Family Member
____ Outside Family

CHILD'S PHYSICAL HEALTH

Child's physical health: ____ Excellent ____ Good (minor complaints)
____ Fair ____ Poor
Physician:
_____
If any, list what specific health issues are reported (if known):
_____
__
_____
__
_____
__
_____
__
_____
__

If any, list current medications and dosage amounts (if known):
_____
__
_____
__
_____
__
_____
__

FAMILY AND ENVIRONMENT

Custody Status:
_____
__
Is there an order designating custody/visitation etc.
_____
__
What type of health insurance coverage does the child currently have?
_____
__
Does the child receive SSI benefits?
_____
__
Where is the child currently living?
_____
__
Is the family currently, or have they been previously involved with Child Protective Services or

Preventive Services (if known)?

_____
__

Has there been a Family Court finding of child neglect? ____ Yes ____No

____ Youth usually obeys and follows rules

____ Youth sometimes obeys and follows rules

____ Youth consistently disobeys, and/or is hostile

Circumstances of family members who are living in the household: (check all that apply)

	Mother	Father	Sibling	Other
Not Applicable	_____	_____	_____	_____
No Problems	_____	_____	_____	_____
Drug/Alcohol Problem	_____	_____	_____	_____
Mental Health Problem	_____	_____	_____	_____
Violent JD/Criminal Record	_____	_____	_____	_____

Has the child and/or their family experienced any of the following changes or losses in your family during the past year?

For any items checked, please explain:

____ Death

_____

____ Marriage

_____

____ Divorce

_____

____ Someone Moved Away

_____

____ Family Moved Away

_____

____ Serious Illness

_____

____ Other

_____

Does the family receive any of the following (if known)?

____ Food Stamps ____ Public Assistance ____ SSI

COMMUNITY AND PEER RELATIONSHIPS

Is the child currently employed or has the child been employed in the past?

____ Yes ____ No

If Yes, please list names/addresses of employers and dates of employment (if known):

_____
____
_____
____
_____
____

Associates the child spends time with: (please check all that apply)

____ Friends who have a positive pro-social influence

____ No friends or companions, no consistent friends

____ Friends who have a negative delinquent influence

____ Belongs to a gang / Associates or has been seen with gang members

____ Family gang member

ALCOHOL AND OTHER DRUG USE

Has your child ever used alcohol or other drugs? ____ Yes ____ No
If answered Yes, please check all that apply:

Drugs Used	Frequency
Nicotine/Chewing tobacco	_____
Alcohol	_____
Cocaine/Crack	_____
Marijuana	_____
Ecstasy	_____
Heroin/Opiates	_____
LSD, Acid	_____
Inhalants	_____
Amphetamines	_____
Methamphetamines	_____
Prescription Drug Misuse	_____
Other: _____	_____

ATTITUDES

Does the child accept responsibility for PINS/delinquent/criminal behavior?

____ Voluntarily accepts full responsibility for behavior

____ Recognizes that he/she must accept responsibility

____ Indicates some awareness of the need to accept or blames others

____Minimizes, denies, justifies, excuses or blames others

____ Openly accepts or is proud of behavior

SIGNED: (POTENTIAL PETITIONER):
_____

ADDRESS:
_____

PHONE #: _____