



# COUNTY OF UNION

DEPARTMENT OF HUMAN SERVICES

*Debbie-Ann Anderson, Director*

## Family Crisis Intervention Unit-Truancy Documentation Form

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"Under N.J.S.A. 2A:4A-22g, truancy is addressed by Family Court as a juvenile family crisis matter. Along with other agencies, schools must demonstrate their exhaustion of community resources before the Family Crisis Intervention Unit (FCIU) can accept the referral of a matter as a juvenile family crisis. The FCIU's determination of what constitutes exhaustion is a difficult one in light of the variety of the techniques used by local school officials to enforce school attendance laws. When the FCIU is satisfied that a reasonable attempt of exhaustion has been made, it shall accept the matter as a juvenile family crisis and shall intervene."

#### School Referral Procedures:

- Documentation that within the period of referral, all protocols have been followed, documented, and the youth remains truant
- Documentation that the family is not amenable to attempts made by the school to resolve the truancy
- Medical and/or educational history that may preclude the youth's normal attendance and/or exemption from attending school
- Relevant and supporting procedures that have been attempted and failed
- Documentation of the youth's attendance for the school year

#### FCIU Acceptance Procedures:

- Contact the family within one week to schedule an appointment
- Assess the documentation received from the school to develop a plan
- Develop with the family a course of action that will include either a youth's return to school and/or submit evidence that requires treatment prohibiting regular attendance
- Maintain ongoing and continued contact with the referent working collaboratively to further exhaust community resources and in preparation of Family Court Petition
- Filing a petition in Family Court

**DIVISION OF YOUTH SERVICES  
YOUTH SERVICE BUREAU**

1143-1145 East Jersey Street 4<sup>th</sup> floor ELIZABETH, NJ 07201 (908)558-2520  
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Youth's Name: \_\_\_\_\_

Juvenile's DOB: \_\_\_\_\_ Gender:  Male  Female

Juvenile's Classification/Any Diagnosis: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Home

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Primary Language Spoken: \_\_\_\_\_

**Living Arrangement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Single Bio Parent        | <input type="checkbox"/> 2 Bio Parents     |
| <input type="checkbox"/> Birth Parent/Step-Parent | <input type="checkbox"/> Single Adoptive   |
| <input type="checkbox"/> 2 Adoptive               | <input type="checkbox"/> Relative/Guardian |
| <input type="checkbox"/> Foster Parent            |  |

**Total number of days considered truant for current school year**

**(Do not include suspensions or excused absences):** \_\_\_\_\_

Please indicate all of the resources that have been utilized by the school system, demonstrating an exhaustion of resources, prior to referral to the Family Crisis Intervention Unit:

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Please document the name and phone numbers of the following involved school personnel to facilitate our contact with the school:

#### Truancy Officer:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Attendance Officer:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Guidance Counselor:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Social Worker:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### C.S.T. Case Manager:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### School Psychologist:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**School S.A.C.:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Vice Principal:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Involved**

**School Personnel:**

Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Agency Involved:**

Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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