



# Clean Slate Tattoo Removal Referral-Assessment Form

## REFERRING AGENCY INFORMATION

Date Referred by	Group Number	Agency	Agency Contact #
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## PARTICIPANT'S INFORMATION

Participant's Name	Age	DOB
Gender	Email Address	
Address	City	Zip Code:
Phone # (H)	Phone # (W)	Message / Pager/ Cell #
Alt. Phone #		
Ethnicity	<input type="checkbox"/> Latino <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Other:	

## LIVING ARRANGEMENTS

<input type="checkbox"/> Both parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Relative	<input type="checkbox"/> Self	<input type="checkbox"/> Boy/Girlfriend
<input type="checkbox"/> Spouse	<input type="checkbox"/> Friend	<input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other

## PARENT/GUARDIAN

(Please complete this section if referral is a minor)

Father's Name	Address	Phone #
Mother's Name	Address	Phone #
Legal Guardian	Relation	Parents
Language Spoken at Home	<input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other	

## BACKGROUND INFORMATION

School	Year	Currently Enrolled
Employer	Phone #	
Job Training Program		
Probation/Parole Status	<input type="checkbox"/> Probation <input type="checkbox"/> Parole	
Past Gang Affiliation		

## Tattoos and location on body (only visible tattoos qualify-hands, neck, face)

1	5	
2	6	
3	7	
4	8	

Additional Comments
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Office use only Receiver Name Referred to Supervisor Comments	Group Availability				
	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Other:		

FOLLOW UP DONE BY: _____	Date: _____
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