

Robert L. Perry Juvenile Justice Center 5665 Roger I. Wilson Memorial Drive Columbia, MO 65202 573.886.4450

# **Continuum Program Agreement**

The Continuum Program is an OJJDP Grant-funded program designed to provide support and resources to youth who have been identified as needing intervention. Our goal is to help participants develop essential life skills, improve decision-making, and create positive pathways for their future. We believe that with appropriate guidance and support, our youth can redirect their lives away from potential legal issues.

## The Objective of the Continuum Program includes:

- Improving personal and social skills
- Enhancing educational outcomes and facilitating school engagement
- Building resilience and self-regulation strategies
- Connecting participants with positive peer groups
- Preventing future involvement with the juvenile justice system through early intervention

### **Statement of Agreement**

By signing this agreement, both the parent/guardian and the participant acknowledge their commitment to participate in the Continuum Program. Participation is voluntary, but essential for achieving the program's goals.

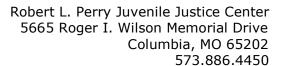
## Responsibilities

#### For Parents and Guardians:

- Support your child's active participation in the program by providing transportation and encouragement.
- Attend any required family engagement meetings or workshops to foster communication with the program's staff members.
- Follow all rules and guidelines set forth by program staff members, including respect towards peers and staff.

### **For Youth Participants:**

- Attend all sessions with program staff.
- Follow all rules and guidelines set forth by program staff, including respect towards peers and staff.
- Actively participate in activities and discussions, taking the initiative to learn and engage.





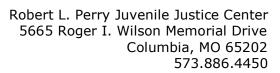
## Confidentiality

All information shared during the program, including personal details and discussions, will be kept confidential in accordance with applicable laws. However, confidentiality is limited in situations where there is a risk of harm to oneself or others, in which case appropriate authorities may be notified.

### **Acknowledgement of Understanding**

By signing below, the parent/guardian and youth participant confirm that they have read and understood all sections of this referral and participation agreement. The agree to the terms and commit to fostering a positive experience for all parties involved.

Signatures	
Parent/Guardian Full Name Click or tap here to enter text. Date:	Click or tap to enter a
date.	
Parent/Guardian Signature	_ Date: Click or tap to
enter a date.	
Youth Participant Full Name Click or tap here to enter text. Date:	Click or tap to enter a
date.	
Youth Participant Signature	Date: Click or tap to
enter a date.	





Contact Made: YES □

NO  $\square$ 

## **Continuum Program Referral Form**

**Date:** Click or tap to enter a date. **Youth:** Click or tap here to enter text. **DOB:** Click or tap to enter a date. **Sex (at birth):** Click or tap here to enter text. **Race:** Click or tap here to enter text. Youth Address: Click or tap here to enter text. Youth Phone: Click or tap here to enter text. **Parent/Guardian Name:** Click or tap here to enter text. **Parent/Guardian Phone:** Click or tap here to enter text. Parent/Guardian Address: Click or tap here to enter text. **Deputy Juvenile Officer (if applicable):** Click or tap here to enter text. Reason for Referral (select one of the following) □Diversion ☐ Parental Referral □Informal Referral ☐School Referral □Formal Referral □ Supervision □ Runaway Referral **Continuum Coordinator Signature: Date Received:** Click or tap to enter a date. **Received By:** Click or tap here to enter text. **Referral Accepted: YES** □ NO □ Reason for Acceptance/Denial: Click or tap here to enter text. Date: Click or tap to enter a **Assigned to:** Click or tap here to enter text. **Date of First Contact Attempt:** Click or tap to enter a date.