



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.



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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.



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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

☐ Supervision

☐ School Referral

☐ Formal Referral

☐ 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 date.

Assigned to: Click or tap here to enter text. **Date of First Contact Attempt:** Click or tap to enter a date.

Contact Made: YES ☐ NO ☐