

## Application For Review of Drug or Violence Prevention Programs for Children and Adolescents

Please mail completed application and accompany materials to: SourceBook Application, Violence Institute of New Jersey at UMDNJ, 151 Centennial Avenue, Suite 1400, Piscataway, New Jersey 08854

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Program Name (please enclose descriptive materials about your program): \_\_\_\_\_

Prevention Level (check all that apply):  Universal  Selection  Indicated

Target Population: Youngest age \_\_\_\_\_ Oldest age \_\_\_\_\_ Youngest grade \_\_\_\_\_ Oldest grade \_\_\_\_\_  
(in years) (in years) (grade level) (grade level)

Target Behaviors:  Tobacco use  Alcohol use  Other drug use  
 Violence/aggression  Life skills  Other \_\_\_\_\_  
(please describe)

Program Settings (check all that apply):

Classroom  Community-based organization  Community-wide  
 School-wide  Health care facility (including mental health)  Other \_\_\_\_\_  
 Home-Family  Detention facility (please describe)

Program Developer Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Evaluation reports/manuscripts (please list published and unpublished works and enclose copies if possible):

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I understand that the Violence Institute of New Jersey will review the designated prevention program for possible inclusion in future editions of the SourceBook and its web-based database. Prior to inclusion, I understand that the Violence Institute will send me a written synopsis for my review and approval.

Signature: \_\_\_\_\_