

Advocates for Families

YOUTH INTERVENTION SERVICES - MENTORING REFERRAL

ALL ITEMS IN THIS BOX MUST BE COMPLETED FOR REFERRAL TO BE CONSIDERED.

Juvenile's Name: _____

DOB: _____ AGE: _____ Gender _____ Ethnicity _____

Address: _____

Parent(s) Telephone: _____

Student Phone: _____ E-mail: _____

School District: _____ Grade: _____

Names & Addresses of all parents & guardians (Indicate relationship to the Juvenile)

Custodian Parent / Guardian: _____

Please indicate which of the following area is the primary concern for this child:

Court involvement Out of home placement Lack of family stability

Behavioral Issues Truancy/School Issues Social Issues

◆ Summary of current reason(s) this child is being referred to the program:

◆ What areas of concern do you have regarding this child:

Home Mental Health Substance Use

School Domestic Violence Abuse / Neglect

Peers Overburdened Parent(s) Financial Concerns

Other: _____

◆ List the child's known peers: _____

◆ Has the child had any court involvement? _____ If yes, please list dates, charges filed, and case disposition(s), if known:

◆ List any charge(s) pending: _____

◆ List any additional comments or concerns: _____

Referred by: _____
Agency: _____
Address: _____

Contact Number(s): _____
E-mail: _____
Date of Referral: _____

Signature

Date

This box for APP/JFS Office Use Only:

JUVENILE'S NAME:	
Referral Date:	Determination:
Initial Contact:	