

**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 AFF/JFS Office Use Only:

Return to Advocates For Families  
Via fax 877-APP-FAXS (877-277-3297) or e-mail: [Jeff@advocatesforfamilies.org](mailto:Jeff@advocatesforfamilies.org)

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