Youth Intervention Services - Mentoring Referral

Date of referral: _____/_____/_____

Check Reason for Referral:

☐ Abuse / Neglect	☐ Behavioral Issues	☐ Court Involvement	☐ Family Issues	☐ Homelessness
☐ Parenting Skills	☐ Education Issues	☐ Dependency Issues	☐ Substance Use	☐ Transitional Age Youth

Juvenile's Name: _____

Age: _____ Date of Birth: _____

Ethnicity: _____ Gender: _____

Address: _____ County: _____

Youths Phone: _____ Youth Email: _____

Parents Phone: _____ Parent Email: _____

Current School: _____

IEP: Yes / No Date of most current IEP: _____ 504 Plan: Yes / No Date of most current IEP: _____

Parents / Family	Address	Relationship

Reason for the referral:

_____

_____

_____

Check the concern for the family:

☐ Home	☐ School	☐ Peers	☐ Mental Health	☐ Substance use
☐ Overburden Families	☐ Domestic Violence	☐ Abuse or neglect	☐ Financial Concern	☐ Other

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List the Child's peers:

_____

_____

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

_____

_____

_____

List any pending Charges:

_____

_____

List any additional comments or concerns:

_____

_____

_____

_____

Referral Information:

Referred by: _____ Agency: _____

Phone Number: _____ Email: _____