



YOUTH REFERRAL FORM

(ALL INFORMATION ASKED BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.)

Date Referred:		
CHILD'S INFORMATION:		
Child's Name: (first) (middle) (last)		
Address:		
Date of Birth:	Age:	Other name (s) referred by:
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade:	Principal/Guidance Counselor:
Living Arrangements: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Father <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Foster Care		Services Requested: <input type="checkbox"/> One-on-One Mentoring Program (ages 6-14) <input type="checkbox"/> Moore Family Connections; parent and youth skill development (ages 12-17) <i>*Go to www.moorebuddies.org for further program descriptions*</i>
PARENT/GUARDIAN INFORMATION		
Parent/Guardian Name: (first) (middle) (last)		
Relationship to Youth:	Employer:	
Home Phone:	Cell Phone:	Work Phone:
E-mail Address: <i>(if applicable)</i>		
Referral Reason: <i>(Please provide any information conducive to a successful mentorship or program participation. Be sure to include special needs, hobbies, interest, and # of school suspensions. Provide a brief social history for the Moore Family Connections Program.)</i>		
Signature of Referral Source: <i>(must have original signature)</i>		Title/Position of Referral Source: <i>(and best contact#)</i>
Date:	Person Completing This Form:	
OFFICE USE ONLY		
Parent consents to referral and sharing of relevant information: <i>(please circle) YES / NO</i>		Date contact made with referral source: