|  |  |
| --- | --- |
| 4C58268C-6779-42E9-96E9-0FBA8F5D0B31@earthlink 1130 N. NIMITZ HIGHWAY, SUITE C-210 ⚫ HONOLULU, HI 96817 PHONE: (808) 838-7752 ⚫ TOLL FREE: (866) 636-1644 | **E Makua Ana Youth Circle**  Fax referral form to 748-7919 |

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| --- | --- | --- | --- |
| **Youth Information** | | | |
| Youth’s Name: | | | CPSS #: |
| Birthdate: | Gender:  MaleFemale  Transgender | Youth’s Cell / Email: | |
| Case Status:  VFS  VFC  TFC  FS  FC  PC  LG on        Adopted on        Emancipated from        Other: | | | |
| With whom does the youth reside? | | | Relationship: |
| Address: | | | Phone: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referring Information** | | | | |
| Date referred: | | | | |
| Requested by: | Relationship: | | | Phone: |
| Social Worker: | | UNIT: | SW’s Contact: | |
| Has YC been explained to the youth?  YES NO | | | | |
| Date YC desired: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Information** | | | |
| Any protective orders?  YES  NO | | Explanation: | |
| Notes about the youth or the case that may help the YC Facilitator: | | | |
| NAMES OF FAMILY / FRIENDS | | RELATIONSHIP | PHONE NUMBER |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| NAMES OF PROFESSIONALS / OTHERS | | AGENCY | PHONE NUMBER |
| 1. |  | GAL / CASA |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Revised 01/25/19