



**PARTNERS OF DELTA, MONTROSE, AND OURAY COUNTIES**  
511 E. 10<sup>th</sup> Street, Delta, CO 81416 Office: 970-874-4661 FAX: 970-874-1057

***PARTNERS REFERRAL FORM***

**PLEASE TYPE OR PRINT**

**DATE:** \_\_\_\_\_

Person Making Referral

Agency Making Referral

**Phone:** \_\_\_\_\_

Email Address

This form is to be completed by the agency of referral and returned to Partners, 511 E. 10th St. Delta CO 81416. Information will be kept confidential and will be used to assist the case manager in matching the child with an appropriate Mentor. Please take the time to fill in all information completely.

**CHILD IDENTIFYING DATA**

**NAME:** \_\_\_\_\_ **D.O. B:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

**AGE:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_ **ETHNIC ORIGIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**Parent/Guardian:** \_\_\_\_\_  
Name Relationship

**Phone Number:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
Name Relationship

**Phone Number:** \_\_\_\_\_

**Child living with:** \_\_\_\_\_  
Name Relationship

**Best time to Contact Guardian** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Language spoken in the home:** \_\_\_\_\_

**Siblings and significant others in the home (please include ages of each):**

\_\_\_\_\_ **age:** \_\_\_\_\_ \_\_\_\_\_ **age:** \_\_\_\_\_  
\_\_\_\_\_ **age:** \_\_\_\_\_ \_\_\_\_\_ **age:** \_\_\_\_\_  
\_\_\_\_\_ **age:** \_\_\_\_\_ \_\_\_\_\_ **age:** \_\_\_\_\_

**Child's Interests:**

- |  |  |
|--|--|
| <input type="checkbox"/> Sports: _____                 | <input type="checkbox"/> Animals: _____                  |
| <input type="checkbox"/> Motorsports: _____            | <input type="checkbox"/> Writing: _____                  |
| <input type="checkbox"/> Outdoors: _____               | <input type="checkbox"/> Reading: _____                  |
| <input type="checkbox"/> Performing Arts: _____        | <input type="checkbox"/> Religious/ Church Groups: _____ |
| <input type="checkbox"/> Music: _____                  | <input type="checkbox"/> Films: _____                    |
| <input type="checkbox"/> Arts/crafts: _____            | <input type="checkbox"/> Tech/computers: _____           |
| <input type="checkbox"/> Science/academics/STEM: _____ | <input type="checkbox"/> Video games: _____              |
| <input type="checkbox"/> Hunting: _____                | <input type="checkbox"/> Cooking: _____                  |
| <input type="checkbox"/> Agriculture/4H: _____         | <input type="checkbox"/> Sewing: _____                   |

What stands out to you about this child? Any unique attributes?

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Mentor suggestions/ ideal mentor qualities:

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**FAMILY HISTORY - We use this information to measure risk factors for the child and for the evaluation of our program.**

- Constant Relocation
- Familial Difficulty with the Law
- Qualify for Free or Reduced Lunch
- Mental Health Diagnosis
- Substance Use in the Home

**CONCERNS/CHALLENGES**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> overly dependent on peers/parent figures | <input type="checkbox"/> quiet/withdrawn                               | <input type="checkbox"/> depressed           |
| <input type="checkbox"/> early experimentation with drugs/alcohol | <input type="checkbox"/> passive                                       | <input type="checkbox"/> aggressive/fights   |
| <input type="checkbox"/> delinquent behavior                      | <input type="checkbox"/> acting out                                    | <input type="checkbox"/> destructive         |
| <input type="checkbox"/> defiant of authority                     | <input type="checkbox"/> fearful                                       | <input type="checkbox"/> temper tantrums     |
| <input type="checkbox"/> low motivation                           | <input type="checkbox"/> low grades                                    | <input type="checkbox"/> poor peer relations |
| <input type="checkbox"/> learning disability                      | <input type="checkbox"/> poor attendance (including truancy/tardiness) |  |
| <input type="checkbox"/> disrupts classroom                       |  |  |

Comments/ additional information:

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**OTHER AGENCIES WORKING WITH CHILD/FAMILY**

AGENCY	DATE OF SERVICE	CONTACT PERSON	PHONE

\*\*\*HAVE YOU INFORMED THE FAMILY/LEGAL GUARDIAN OF THIS REFERRAL?  YES  NO

If not, please do so.