|  |  |
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| 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: [ ]  Male **[ ]** Female  **[ ]** 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:       |

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| **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:       |

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| **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