Youth & Family Connections Referral Form

Juvenile's Last Name	First Name	Middle Initial	Date of Birth

Race/Ethnicity:	Sex	Height	Weight	Hair	Eyes
☐ African American/Black ☐ American Indian/Alaskan Native ☐ Caucasian/White ☐ Hispanic/Latino ☐ Multiracial ☐ Native Hawaiian/Pacific Islander ☐ Asian					

Agency & Case Number *(if applicable)*

Juvenile's Home Address	Juvenile's Phone Number

Juvenile's School Attending/Last Attended

☐ Father ☐ Mother ☐ Guardian	Name	Date of Birth	Phone Number ☐ (W) ☐ (H) ☐ (C)

Home Address *(if different than youth)*

☐ Father ☐ Mother ☐ Guardian	Name	Date of Birth	Phone Number ☐ (W) ☐ (H) ☐ (C)

Home Address *(if different than youth)*

Check Current Supports in Place: (check all that apply)

☐ DHS/Compass ☐ Probation/Pretrial ☐ School ☐ Mental Health ☐Community Programs (mentorship, respite, etc.)

☐ Legal/Courts ☐ Religious Program Involvement

☐ Other
→*Explain:*

☐ **School:** ☐ Counselor ☐ Social Worker ☐ FAST
☐ School Resource Officer ☐ Interventionist
→*Name(s) (if applicable)*:

Reason for Referral/Notes/Comments

_____ _____
Person Making Referral (signature) Person Making Referral (printed)

Phone:_____ Title: _____

E-mail_____

Agency _____ Date _____

FAX to Youth & Family Connections at: 970-351-5484 or EMAIL to: Referral@YouthandFamilyConnections.org