

Youth & Family Connections Referral Form

Is this case of significant risk (e.g. involves suicidal ideation, substance abuse, etc.)?

Yes If yes, please explain:

No

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

Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian	Sex	Height	Weight	Hair	Eyes

Agency & Case Number (if applicable)

Juvenile's Home Address	Juvenile's Phone Number

Juvenile's School Attending/Last Attended

<input type="checkbox"/> Father Name	Date of Birth	Phone Number
<input type="checkbox"/> Mother		<input type="checkbox"/> (W) <input type="checkbox"/> (H) <input type="checkbox"/> (C)
<input type="checkbox"/> Guardian		

Home Address (if different than youth)

<input type="checkbox"/> Father Name	Date of Birth	Phone Number
<input type="checkbox"/> Mother		<input type="checkbox"/> (W) <input type="checkbox"/> (H) <input type="checkbox"/> (C)
<input type="checkbox"/> Guardian		

Home Address (if different than youth)

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

DHS/Compass Probation/Pretrial School Mental Health Community Programs (mentorship, respite, etc.)
 Legal/Courts Religious Program Involvement **School:** Counselor Social Worker FAST
 School Resource Officer Interventionist
 Other →Name(s) (if applicable):
 →Explain:

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