Community Based REFERRAL FORM

This form is to be completed by the agency of referral and returned to Partners:
Fort Collins/Loveland: Shayna Kefalas at 530 S. College Ave. Fort Collins, CO 80524 or skefalas@poweredbypartners.org (970) 484-7123.
Greeley: Rebecca Moore, 710 11th Ave., Ste. 106, Greeley, CO 80631 or rmoore@poweredbypartners.org, 970-378-6501
Estes Park: Kathy Whitacre, PO Box 484, Estes Park, CO 80517 or kwhitacre@poweredbypartners.org, 970-577-9348
Information will be kept confidential and will be used to assist the Program Coordinator in matching the child with an appropriate Senior Partner. **Please take the time to fill in all information completely.**

Date: _____ Date Received: _____ Referral # _____

Referring Agency: _____ Referring Person:_____ Title:_____

Address: _____

Phone:_____Email:_____

YOUTH INFORMATION

NAME: _____

GENDER: _____ AGE: _____ DOB: _____/_____/_____ ETHNICITY: _____

Name(s) of Parent(s)/Guardian(s) living in the home: _____

Name(s) of Parent(s)/Guardian(s) outside of the home if applicable: _____

Phone: _____EMAIL: (if known) _____

ADDRESS: _____

Language spoken in the home _____

Brothers/sisters and significant others in the home (please include ages of each):
Name: _____ age: _____
Name: _____ age: _____
Name: _____ age: _____
Name: _____ age: _____

Please describe the youth's behavior at home, if known:

Youth's attitude toward self: Very good Good Fair Poor

School Information

SCHOOL: _____ GRADE _____ INTEGRATED SERVICES _____Student ID#_____

School Counselor/Social Worker/ Other _____ Phone: _____

Risk Factor	Youth	Family	Past	Present	Please explain if applicable:
Constant Relocation					
Delinquency (not legally involved)					
Disability (Physical, Learning, Mental, etc.)					
Domestic Violence					
Emotional/Verbal Abuse					
English as Second Language					
Gang Affiliation					
Homelessness					
Substance Abuse/Dependency					
Legal Issues					
Low Income					
Mental Health Concerns					
Out of Home Placement					
Neglect					
Incarceration					
Parent/Sibling Death/Suicide					
Physical Abuse					
Poverty					
Sexual Abuse					
Suicide Attempts					
Teen Pregnancy					

YOUTH BEHAVIOR IN SCHOOL: Issues or behavior patterns affecting the youth's school success. (Check all that apply)

	Low Grades		Overly dependent on peers
	Learning Disability		Overly dependent on Adults
	Poor Attendance		Quiet/Withdrawn
	Poor Peer Relations		Experiments with Drugs/Alcohol
	Aggressive/Fighting		Destructive
	Defiant of Authority		Fearful/Anxious
	Disrupts Classroom		Emotional Outbursts

What are the youth's greatest strengths?

Is there any other information that would be helpful for a mentor to know?

Recommendation for Matching: What kind of person would work best with this youth?

PARENT PERMISSION

To Refer Youth to Partners

I _____ Parent/Guardian/Custodian (circle one) of

_____, do hereby give permission for
Youth's name

_____ to nominate_____ for participation
Referral Agent Youth's name

in the Community Based Mentoring Program provided by Partners.

Recommendations to this program are given through written referral by school staff or other youth serving organizations/individuals such as counseling professionals, and require the release of academic, family, and social background of the youth to Partners. Information shared will be kept to the minimum necessary for rendering effective services. By signing this form, I give my consent for the sharing of such information between the referral agent, Partners and my child's mentor if matched.
I understand that there is no guarantee that my child will be accepted into the program after he/she has been referred.

_____

Signature of Parent or Guardian Date Phone #

_____

Signature of Witness Date Phone #

_____

Youth's Name Phone # (if different than guardians, Cell #)

Partners treats all people with dignity and respect, regardless of race, religion, gender identity, disability, sexual orientation, nationality, country of origin, or belief system. We will not discriminate based on any of these factors and will continue to advocate for and provide quality services to all who need them.