

## Supporting Youth Program – Referral Form

### YOUTH CONTACT INFORMATION

Name of Client (Last name, first name): \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Is it OK to leave a voicemail? Y  N   
 Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred method of Contact:  Home  Cell  Email

### REFERRAL SOURCE

Name (Last name, first name): \_\_\_\_\_  
 Agency/School/Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Referral (MM/DD/YY): \_\_\_\_\_  
 Has the client been made aware of the referral? Y  N

### REASON FOR REFERRAL

We want to know how we can best support this youth. Please tell us why you have referred them, and what you hope they will gain from our program

**Thank you! These requests are processed Monday to Friday and you will receive a follow-up call or email within two business days.**

### TO BE FILLED OUT BY RASS STAFF:

<b>Follow-Up:</b>
<b>Results:</b>

#### CONFIDENTIALITY WARNING

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*Excellence in prevention to engage, encourage and educate*

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