

## Game 2 Life 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 ☐

### ADDITIONAL INFORMATION

We want to know how we can best support this youth. Please tell us some examples of what games the youth is playing, and on average how many hours they play per day.

**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:

#### Follow-Up:

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#### Results:

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### CONFIDENTIALITY WARNING

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