



YOUTH PROGRAMS

Referral Form (Circle Referring Source):

Family Services Group Home Other: _____

Name of Referral: _____

Date of Birth: _____ School Attending: _____

Eligibility for Services*: _____

Other agencies currently providing this person with services (i.e. community corrections, counseling services, etc.): _____

Referred for the following services:

- Employment Job Seeking/Job Keeping Skills Career Exploration
- Other (explain) _____

Please explain why you are referring this person to the Youth Employment Program, and provide information regarding behaviors, accommodations, prohibited environments, etc. that will assist staff in working with this person. The more information available, the better the chance for success. Use the back of this page if necessary.

Signature

Date

Title / Agency

***Eligibility criteria include the following: recovering chemically dependent, in foster care, physically or emotionally challenged, homeless, receiving social services or group home services, runaway, on probation, pregnant or parenting teen, limited English speaking, current IEP on file with school, attending alternative school, or economically eligible.**