



# YOUTH PROGRAMS

**Referral Form (Circle Referring Source):**

**Family Services    Group Home    Other:** \_\_\_\_\_

Name of Referral: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

*Eligibility for Services*\*: \_\_\_\_\_

\*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.

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

Phone #/Email Address