



Staff Name \_\_\_\_\_ Today's Date \_\_\_\_\_

## Youth Referral Form

Date of Referral: \_\_\_\_\_ Youth's Birthdate: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Guardian(s) Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date youth's guardian was contacted regarding referral: \_\_\_\_\_

School(s) attending: \_\_\_\_\_

**Please check all history known of youth:** Suspected mental health problems Suspected substance abuse problems  
hHistory of DV/Abuse/Neglect hOther \_\_\_\_\_

**Possible goals/expectations of youth, please check all that apply:**  
hPositive social involvement hImproved family relationships hPrevent out of home placement hLife Skills hGoals  
for parents of youth (describe: \_\_\_\_\_) hTransitioning to emancipation  
hOther (s) \_\_\_\_\_

**Does any of member of this family or youth need any other appropriate services:**  
hFamily Therapy h Individual Therapy \_\_\_\_\_ hNurturing Parenting Classes hYouth @ Crossroads PPsych  
Eval h Med Eval hSubstance Abuse Eval h Other \_\_\_\_\_

Are there any other referrals in place for this youth or their family? \_\_\_\_\_  
\_\_\_\_\_

Current Legal status/important deadlines: \_\_\_\_\_

Any other special considerations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Referring individual or contact person Relationship with child Contact Phone Number & E-mail



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## Youth Referral Criteria

### Specific Criteria:

- Youth must be between 7 and 21 years of age
- Youth would benefit from a positive adult role model, social group skills or life skills related activities
- Both youth and guardian desire the service
- Youth has full support and commitment from guardian
- (Youth is involved or at-risk of involvement in the juvenile justice system-Mentor Plus Only)

### Referral Steps:

1. Contact and speak with guardian about Chaffee County Mentors (CCM)Program
2. If guardian does not agree to a referral, contact CCM staff to follow up on the attempt to refer
3. If guardian agrees to program and youth is interested, fill out **Referral Form** and mail, fax or email to Chaffee County Mentors Program
4. Mentor's staff will contact guardian and youth to take appropriate next steps for the application process
5. Person who referred the youth will be contacted by Mentor's staff to update you on the process

[www.chaffeementors.org](http://www.chaffeementors.org)

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