



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Group Mentoring Youth Referral Form

Please send referral form to:
Vanessa Gonzales, Program Director
(512)788-0441 / vgonzales@ymcasf.org

REFERRAL DATE: _____

Youth Information:

Youth's Name: _____ Age: _____ DOB: _____

Gender: _____ Personal Gender Pronoun (e.g. He, She, They, etc.): _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name(s): _____ Relationship to Youth: _____

Address (if different from youth): _____

Does youth live in a rural community YES NO?

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Youth's School: _____ School City: _____ Grade: _____

Ethnicity: African American American Indian or Alaska Native Asian Caucasian (Non-Latino)

Hispanic or Latino (of any race) Native Hawaiian or Other Pacific Islander Multi-Racial

Unknown Other: _____

Language Spoken by Youth: English Only Other (specify): _____ Both languages

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____

Agency/Program/Relationship to Youth: _____

Phone #(s): _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email In Person

Best Times to be Contacted: _____

Family Information:

Youth Lives With: Married Parents Unmarried Parents Single Parent

Divorced Parents/Shared Physical Custody Step-Parent/Blended Family Foster Family

Family Member _____ Other _____

Custody (if parents are divorced) who has 100% legal custody: Mother Father Joint (50%)

Incarcerated Family Member _____

People Youth Primarily Lives With:

Name	Relationship to Youth	Age	Work / Cell Phone

Significant Others Not Living in Household:

Name	Relationship to Youth	Age	Work / Cell Phone

Language Spoken By Parent: English Only Other (specify) _____ Both languages

Are you a part of a Military Family? YES NO Type: _____

Has a Child Protective Referral ever been made? YES NO (if yes, add details below)

REFERRAL INFORMATION:

Reason(s) for Referral: (check all that apply and provide example(s))

- | | |
|---|--|
| <input type="checkbox"/> Social Skills _____ | <input type="checkbox"/> Emotional Support _____ |
| <input type="checkbox"/> School Behavior/Engagement _____ | <input type="checkbox"/> Mental Health _____ |
| <input type="checkbox"/> Family Relations _____ | <input type="checkbox"/> Violence/Trauma _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Describe the reason(s) for the referral to the group mentoring program. Any recent changes with the youth noticed? Any recent changes with youth's family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

What are some goals you think would be good for the youth? What could improve the youth's life?

Has this referral been discussed with the youth & parent/guardian? (If made by someone other than parent/guardian). YES NO If yes, when? What was their response/are they interested in having the youth participate in group mentoring?

What are the days and/or times youth is available to meet weekly with a group?

Describe youth's personality and how they usually act in a group setting.

Peer Relationships: How does youth relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups youth relates best with?

Would the youth benefit from a mix gender group with mix gender mentor facilitators or from a group with same gender group and same gender mentor facilitators?

Is youth &/or parent/guardian open to being matched with a mentor of any age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location, etc. YES NO? If No, explain:

School Information: What do the teachers say about the youth? How are grades? Any behavior challenges Yes No? Does youth receive special education services Yes No? Have there been any SST Meetings Yes No? Does youth have an IEP or 504 Plan? Does youth have any special needs, but not receiving special education services Yes No?

Family History: Any changes/stressors for youth/family (moves, deaths, births, remarriage, separations/divorces, witness any accidents, trauma, domestic violence, etc.)? Who does youth primarily live with? Any specific custody/visitation arrangements if parents are divorced/separated? Who is most actively involved with the youth? What are relationships between family members like?

Are there any specific cultural issues for youth/family that would be helpful to know?

Any serious current medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for youth or family? YES NO If yes, what kind?

Any history of substance use/abuse in family or with youth? YES NO If yes, what kind? With what frequency?

Any history of youth or family members with suicidal thinking or suicide attempts? YES NO
Any history of self-harm? YES NO? If yes, when?

Any arrests, convictions, encounters for the youth or family members with the law? YES NO
If yes, when & what happened? Any Probation Officers worked with the youth? YES NO
If yes, when and is it ongoing?

Any Child Protective Services &/or Police involvement with the youth and/or family regarding youth's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)? YES NO If yes, when & why?

THIS SECTION IS FOR PROGRAM STAFF ONLY			
CONTACT LOG			
Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)			
Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

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