



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Youth Referral Form

Please send referral form to:
Kelly Zaccari, kzaccari@bcfymca.org
339 North Washington Street Butler, PA 16001 • 724-287-4733

Interest: **One to One Mentoring** **Group Mentoring** **Both**

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: _____

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: _____

Language Spoken By Parent: _____

Has a Child Protective Referral (&/or) Police involvement ever been made? Yes No (If Yes, add details below)

Has this referral been discussed with the youth & parent/guardian? If yes, when? What was their response & are they interested in having a mentor for their youth? Or participating in group?

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?

Reason(s) for Referral: (check all that apply)

<input type="checkbox"/> Positive Role Model	<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Grief/Loss
<input type="checkbox"/> Try New Activities	<input type="checkbox"/> Emotional Support	<input type="checkbox"/> Gang Related	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Friendship Building	<input type="checkbox"/> History of Abuse	<input type="checkbox"/> Impulse Control	<input type="checkbox"/> Depression
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> PTSD
<input type="checkbox"/> School Behavior	<input type="checkbox"/> Runaway	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Missing School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Body Image	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Peer Conflict	<input type="checkbox"/> Arrests/Legal Issues	<input type="checkbox"/> Eating Issues	

Describe the reason(s) for the referral to the 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 would the youth say is the reason for being referred? What would the youth see as a goal?

What are the youth's strengths, skills, hobbies, interests?

Does youth receive special education services Yes No? Does youth have an IEP or 504 Plan? Does youth have any special needs, but not receiving special education services Yes No? Any behavior challenges Yes No? If yes to any, please explain:

Peer Relationships: How does youth relate to peers? Any significant relationships? Any difficulties getting along well with peers? How do they act in a group setting? Any specific age groups youth relates best with?

Any Probation Officers working or worked with the youth Yes No? If yes, when and is it ongoing?

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____

Agency/Program/Relationship to Youth: _____

Phone #(s): _____ Email: _____