



## REFERRAL FORM

This form must be completed by any agency or individual wishing to refer a youth to the Youth Intervention Network, (YIN). Self-referrals for youth ages 18 and above are also welcome. If you have any questions about whether, or how to, complete this form, including questions regarding YIN's eligibility criteria, please contact us at (925) 755-9291, or visit our website at [www.EmeraldConsulting.com](http://www.EmeraldConsulting.com). Additional forms may also be downloaded from this site.

Today's Date: \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_

Name & Title of Person Making Referral: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Youth(s) Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Age : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street City Zip Code

Current/Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please complete a separate form for each youth being referred, even if you are referring more than one youth from a single household.**











## CONSENT TO REFERRAL

*By signing below, I agree to have my child(ren) referred to the YIN for consideration of services. I understand that not all youth who are referred to the YIN are actually selected for services, and that each referral will be evaluated on a case-by-case basis. By signing below, I agree that – if my child(ren) is/are accepted into the YIN program – I will partner with the YIN to achieve the goals set by the YIN for my child(ren) and will do my best to help my child(ren) attain the best possible educational, social, and familial outcomes.*

\_\_\_\_\_  
Signature (Mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Father)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Youth if he/she is 18 years old

\_\_\_\_\_  
Date

Please send this **completed** referral form to: The Youth Intervention Network, c/o Emerald Consulting  
4465 Lone Tree Way # 603, Antioch California 94531. We will attempt to respond within 72 hours.