

REFERRAL FORM

This form must be completed by any agency or individual (in the case of self-referral) wishing to refer a youth for Youth Intervention Services (YIN). If you have any questions about whether or how to complete this form, including questions regarding YIN's eligibility criteria, or should you need additional forms, please contact UrAtWork, Inc. at (925) 755-9291, or visit our website at www.UrAtWork.com

Today's Date: _____

Name of Referring Agency: _____

Name & Title of Person Making Referral: _____

Telephone: _____ E-mail: _____

Name, gender and age of youth(s) being referred (i.e., Jaime Smith, M, 15):

For each youth identified above, please list the name of the last school attended:

Name(s) of parent(s) or legal guardian(s) for each youth and as much contact information as possible, including **home and work telephone numbers, cellular phone numbers and mailing address**. If the youth is 18 years of age, please provide the youth's contact information.

Please state briefly why you feel the youth(s) identified above will benefit from being involved in the YIN:

Please state briefly what services you feel may benefit the youth(s) identified above:

Please describe briefly how you think you and/or your agency can partner with the YIN to assist the referred youth(s)?

Signature

Date

I understand that, by signing above, I will be obligated and expected to keep the information obtained in connection with this referral confidential except when compelled by lawful court order or the professional requirements of my position to disclose such information. In such instances where my disclosure of confidential information is compelled, I agree that I shall disclose only such information that is necessary, to those individuals who are entitled by law or professional requirement to know it.

The remainder of this form is to be completed by the referred youth and the youth's parent or guardian (unless the youth referred is 18 years of age, in which case (s)he may complete this section).

Youth: Please state briefly why you think you (or, if the referred youth is 18 years of age, yourself) will benefit from being involved with the YIN. Please also state what you hope to achieve for yourself and/or your family, as a result of participation in the Youth Intervention Network:

Parent or Guardian: Please state briefly why you think your child will benefit from being involved with the YIN. Please also state what you hope to achieve for your child, yourself and/or your family, as a result of participation in the Youth Intervention Network:

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

Date

Signature

Date

Please send this **completed** referral form to the **Youth Intervention Network, 4464 Lone Tree Way #603, Antioch, CA 94531 or fax to (925) 755-9292.**