



Dare County Friends of Youth
YOUTH REFERRAL FORM

(ALL INFORMATION ASKED BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.)

Date Referred:		
CHILD'S INFORMATION:		
Child's Name:	Primary Language Spoken In Household:	
Address:		
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		
School:	Grade:	School Guidance Counselor:
Living Arrangements: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Both Parents/Step-Parent <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
PARENT/GUARDIAN INFORMATION:		
Parent/Guardian Name(s):	Relationship to Youth:	
Employer:	Parent/Guardian Email Address:	
Contact Number(s):	Best Time to Call:	
ANY ADDITIONAL INFORMATION: (Please provide any information conducive to a successful mentorship. Be sure to include special needs or any other information that would be helpful. Please use back of form if more space needed.)		
Signature of Referral Source:		
Title/Position of Referral Source:	Phone:	Date: