



Communities In Schools Chatham County
MENTORING YOUTH REFERRAL FORM

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

Date Referred Referral Source

Child's Name (First) (Middle) (last) (Suffix) Age Phone Address Zip Code

Date of Birth SS# Race Sex Height Weight

School Status at Admission: (Please circle) Enrolled, Dropped out, Expelled (Long Term Suspension), Graduated

School Grade

Principal/Guidance Counselor

Directions to the home

LEGAL STATUS

Is the child /young person referred by Juvenile Court or Law Enforcement

Circle the appropriate word or phrase: Youth-at-Risk, Intake/Diverted, Petition Filed, Adjudicated, Court Supervision, Probation, Aftercare, Court Counselor Consultation, Referred from District Court, Referred from Superior Court

Specific Offense: (Person Crime, Property Crime, Victimless Crime, Runaway, Truancy, Ungovernable, Neglected, Dependent, Abused, Other)

Diversion/Disposition: N/A, Diversion Plan, Diversion, Contract, Protective Supervision, Level I, Level II, Level III, Post Release Supervision, other.

Substance Abuse Service Referral: N/A, Assessment/Eval. Only, Education only, Assessment/Eval. & Educ., Treatment

Date placed on probation/supervision: Length

PERSONAL HISTORY (Include actual number)

Juvenile Court Runaway Suspended/Expelled

(Include all petitions filed)

\_\_\_\_\_ Secure Custody (count one time for each individual incident in Detention Center, Training School, etc.)

\_\_\_\_\_ Other Agencies, i.e. D.S.S., M.H. (Please specify) \_\_\_\_\_

**ANY ADDITIONAL INFORMATION:**

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**YOUTH INFORMATION** (Attach additional information page if necessary)

Assuming the child's acceptance into this program, what type of volunteer could best serve this child (age, background, etc.)?

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What are the major needs of the youth that a volunteer might meet?

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Are there any special problems a volunteer should know about?

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What are the youth's interests, hobbies, favorite sports and activities?

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List problems with academics, discipline, and/or attendance.

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**LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD:**

| Name     | Relationship to Youth | Age | School or Occupation |
|----------|-----------------------|-----|----------------------|
| 1. _____ |                       |     |                      |
| 2. _____ |                       |     |                      |
| 3. _____ |                       |     |                      |

4. \_\_\_\_\_

**INFORMATION ABOUT PARENTS OR GUARDIANS:**

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Employment \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Employment \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Family Status: Single \_\_\_ Separated \_\_\_ Married \_\_\_ Remarried \_\_\_ Divorced \_\_\_ Widowed \_\_\_

**INFORMATION ABOUT ABSENT PARENT:**

Does he/she have contact with youth? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Is he/she currently incarcerated? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Circle one: Federal Prison      State Prison      Local Prison      County Jail

When did the youth last see parent? \_\_\_\_\_

Does parent have legal visiting rights? \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

\_\_\_\_\_  
Signature of Referral Source

\_\_\_\_\_  
Title/Position of Referral Source

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing This Form