



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Youth Referral Form

Please send referral form to:
Program Director Debra Rockmore
YMCA of Metropolitan Fort Worth
McDonald Southeast YMCA

2801 Miller Avenue Fort Worth, TX 76105
817-534-1591 / Fax 817-531-0176 / Drockmore@ymcafw.org

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: English Only Other (specify): _____ Both languages

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____

Agency/Program/Relationship to Youth: _____

Phone #(s): _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email In Person

Best Times to be Contacted: _____

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:

Name	Relationship to Youth	Age	Work / Cell Phone

Significant Others Not Living in Household:

Name	Relationship to Youth	Age	Work / Cell Phone

Language Spoken By Parent: English Only Other (specify) _____ Both languages

Is family Military? Yes No Type: _____

Has a Child Protective Referral ever been made? Yes No (If Yes, add details below)

REFERRAL INFORMATION:

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 | <input type="checkbox"/> Other: _____ |

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 are some goals you think would be good for the youth? What could improve the youth's life?

What would the youth say is the reason for being referred? What would the youth see as a goal?

Is the youth on a waiting list or enrolled in any other mentoring programs? Yes No
If yes, where?

Is youth &/or parent/guardian open to being matched with a mentor of any age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location, etc. YES NO? If No, explain: _____

What are the days and/or times youth is available to meet weekly with a mentor?

Has this referral been discussed with the youth & parent/guardian (if made by someone other than parent/guardian) Yes No? If yes, when? What was their response/are they interested in having a mentor for their youth?

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

School Information: What do the teachers say about the youth? How are grades? Any behavior challenges Yes No? Does youth receive special education services Yes No? Have there been any SST Meetings Yes No? Does youth have an IEP or 504 Plan? Does youth have any special needs, but not receiving special education services Yes No?

Peer Relationships: How does youth relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups youth relates best with?

Has family &/or youth ever attended counseling Yes No? If yes, where? When? For what reasons?

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?

Are there any specific cultural issues for youth/family that would be helpful to know?

Any serious past or present medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for youth or family?

