



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Reach & Rise® Group Mentoring Youth Referral Form

**Please send referral form to:**  
Tamyra Bishop, Program Director  
**E:** TBishop@ymcafw.org  
**P:** 817-534-1591 **ext.** 8016

**REFERRAL DATE:** \_\_\_\_\_

### **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

Are you a part of a Military Family?  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 and provide example(s))

- |   |  |
|---|--|
| <input type="checkbox"/> Social Skills _____              | <input type="checkbox"/> Emotional Support _____ |
| <input type="checkbox"/> School Behavior/Engagement _____ | <input type="checkbox"/> Mental Health _____     |
| <input type="checkbox"/> Family Relations _____           | <input type="checkbox"/> Violence/Trauma _____   |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> Other: _____            |

Describe the reason(s) for the referral to the group 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?

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 the youth participate in group mentoring?

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

Describe youth's personality and how they usually act in a group setting.

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?

Would the youth benefit from a mix gender group with mix gender mentor facilitators or from a group with same gender group and same gender mentor facilitators?

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:

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?

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 current medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for youth or family?  YES  NO If yes, what kind?

Any history of substance use/abuse in family or with youth?  YES  NO If yes, what kind? With what frequency?

Any history of youth or family members with suicidal thinking or suicide attempts?  YES  NO  
Any history of self-harm?  YES  NO? If yes, when?

Any arrests, convictions, encounters for the youth or family members with the law?  YES  NO  
If yes, when & what happened? Any Probation Officers worked with the youth?  YES  NO  
If yes, when and is it ongoing?

Any Child Protective Services &/or Police involvement with the youth and/or family regarding youth's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)?  YES  NO If yes, when & why?

**THIS SECTION IS FOR PROGRAM STAFF ONLY**

**CONTACT LOG**

Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)

Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

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