

**REFERRAL FORM Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **REFERRED BY** |
| **Your Name:** | **Your Role/Title** | **Phone #:** | **Email:** | **Fax #:** |
| **YOUTH INFORMATION** |
| **Name:** | **DOB:** | **Gender:** | **Race/Ethnicity:** | **Address:** |
| **School Name:** | **School City:** | **Current Grade:** | **Currently Enrolled:****❒Yes****❒No** |
| **Mental Health Diagnosis?****❒Yes****❒No** | **If yes, please list if known.** | **Please list psychotropic medications if known.** |
| **PARENT/GUARDIAN INFORMATION** |
| **Name:** | **Relationship:** | **Phone #:** | **Email:** |
| **COURT RELATED INFORMATION** |
| **Is youth participation court mandated?****❒Yes ❒No** | **Is youth a victim of violence?****❒Yes ❒ No** | **Is youth a witness to violence?****❒Yes ❒No** | **Is youth a perpetrator of violence?****❒Yes ❒No** |
| **Next Court Hearing:** | **Court Location:** | **Judge Name:** | **Attorney Name:** | **Attorney Phone:** |
| **Reason for Referral (please describe):** |

**Email or Fax form**

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| **Kenlea** **kenleah@my-rfm.org****Nathaniel** **nathanielc@my-rfm.org****Marissa** **marissag@my-rfm.org****Fax: 618-250-9750** | **Questions/Concerns?** **Call 618-251-9790****ext. 215 - Nathaniel****ext. 208 - Kenlea**  |