A picture containing text, clipart

Description automatically generated

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

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