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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: Jenny at jennyl@my-rfm.org or Nathaniel at nathanielc@my-rfm.org Fax: 618-250-9750**

**Call Jenny or Nathaniel with any further concerns: 618-251-9790 ext. 208 (Jenny) or ext. 215 (Nathaniel)**