|  |
| --- |
| **Requirements:** (These are the only requirements currently)  Youth is between the ages of 12-17 years old  Youth currently resides in Hardin, McNairy, or Hardeman County  Parent/Guardian & youth consent/participation |

Youth could benefit from this program if… (not required)

* Youth needs an increase in support system
* Youth is struggling socially, academically, or at home
* Youth has experienced Adverse Childhood Experiences (ACEs)
* Youth or someone close to youth, has/currently engaged in substance use
* Youth is system-involved (or at risk for being system-involved)

------------------------------------------------------------Youth Information ----------------------------------------------------

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Youth Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

------------------------------------------------Caregiver Contact Information ------------------------------------------------

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Status: \_\_\_\_Single \_\_\_\_\_Divorced \_\_\_\_\_Separated \_\_\_\_Widowed \_\_\_\_Foster Home

\_\_\_\_Deceased (Cause of Death) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------Referral Source Information -------------------------------------------------

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/Organization/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Reason**

Youth/Family is currently/historically experiencing (Check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Child** | Currently | Historically | **Family** | Currently | Historically |
| **COVID-19 challenges** |  |  |  |  |  |  |
| **Delinquency** |  |  |  |  |  |  |
| **Truancy** |  |  |  |  |  |  |
| **Chronic Illness** |  |  |  |  |  |  |
| **Mental Health Illness** |  |  |  |  |  |  |
| **Exposure to Violence** |  |  |  |  |  |  |
| **Divorce** |  |  |  |  |  |  |
| **Gang involvement** |  |  |  |  |  |  |
| **Homelessness** |  |  |  |  |  |  |
| **Poverty** |  |  |  |  |  |  |
| **Substance Use** |  |  |  |  |  |  |
| **DCS Involved** |  |  |  |  |  |  |
| **Sexual Abuse** |  |  |  |  |  |  |
| **Other System Involved** |  |  |  |  |  |  |

On a scale of 1–10 (10 being highest) rate the youth’s level of:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Social Skills** |  |  |  |  |  |  |  |  |  |  |
| **Communication Skills** |  |  |  |  |  |  |  |  |  |  |
| **Self-Esteem** |  |  |  |  |  |  |  |  |  |  |
| **Attitude About School** |  |  |  |  |  |  |  |  |  |  |
| **Family Support** |  |  |  |  |  |  |  |  |  |  |
| **Peer Relations** |  |  |  |  |  |  |  |  |  |  |

**Referral Reason**

Why do you feel this youth might benefit from a mentor?

Do you know if the youth has any particular interests?

What strategies might be effective for a mentor working with this youth?

Does the child’s parent/guardian know you are making this referral? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

May we contact the parent/guardian directly, using your name as the referral source? \_\_\_\_Yes \_\_\_\_No

Additional comments: