|  |
| --- |
| **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: