

Youth Mentor Referral Form

Youth: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/year)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Relation to Youth: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Ward Status (ie: Long term, temporary, etc) \_\_\_\_\_

Medical Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications: \_\_\_\_\_

Personal and Family Information (i.e.: custody status, abuse history, past trauma, current status of relationship with caregiver, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Gang Involvement:    Yes        No        Possible

Details: \_\_\_\_\_  
 \_\_\_\_\_

Behavioral History (i.e.: abuse, anger issues, extrovert/introvert, runs away, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interests/hobbies (to make a good match): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attitude towards having a mentor:  
 Highly Enthusiastic -----Very Reluctant