



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