

# Radical Possibilities Mentoring Program Youth Referral Form

**NOTE: Referring party MUST discuss program with youth and guardian BEFORE program staff will reach out to schedule intake. Referring party may be asked to assist with contacting youth/guardian and getting paperwork completed.**

**PLEASE RETURN FORM TO: Nick Rebar · email: [nick@lpys.org](mailto:nick@lpys.org) · fax: (970) 385-1726**

Date \_\_\_\_\_  
Person Making Referral \_\_\_\_\_ Organization \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_  
Please check the following:    € Referring party has discussed referral with youth and guardian  
€ Referring party can assist with getting paperwork completed    € Youth receives free/reduced lunch  
€ Youth has received support from ISST  
Has youth received treatment in past?     Inpatient     Outpatient

Reason for Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Youth Information

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Youth Living with \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_ Interpreter/Translation services needed for communication?    € Yes    € No

Best way to contact guardian(s) \_\_\_\_\_

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**Behavior**

Youth acts out at home or in school: Yes \_\_\_ No \_\_\_ Both \_\_\_ Youth has run away? Yes \_\_\_ No \_\_\_

Displays the following Behavior Patterns:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Overly dependent on peers/parent figures | <input type="checkbox"/> Aggressive  |
| <input type="checkbox"/> Temper                                   | <input type="checkbox"/> Depressed   |
| <input type="checkbox"/> Experimentation with drugs/alcohol       | <input type="checkbox"/> Acting out  |
| <input type="checkbox"/> Quiet                                    | <input type="checkbox"/> Withdrawn   |
| <input type="checkbox"/> Passive                                  | <input type="checkbox"/> Destructive |

Comments:

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**What hobbies or activities does the youth participate in?**

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**Other Agencies working with Youth/Family**

Agency	Dates of Service	Contact Person	Phone
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**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_