



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Reach & Rise®**  
**Youth Referral Form**  
**Please send referral form to:**  
Donna Richter, Reach & Rise Director  
7609 Maynardville Pk  
Knoxville, TN 37938  
865-922-9622  
drichter@ymcaknoxville.org

**Youth Information:**

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Personal Gender Pronoun (e.g. He, She, They, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Address (if different from youth): \_\_\_\_\_

Does youth live in a rural community  Yes  No?

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Youth's School: \_\_\_\_\_ School City: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity:  African American  American Indian or Alaska Native  Asian  Caucasian (Non-Latino)  
 Hispanic or Latino (of any race)  Native Hawaiian or Other Pacific Islander  Multi-Racial  
 Unknown  Other: \_\_\_\_\_

Language Spoken by Youth:  English Only  Other (specify): \_\_\_\_\_  Both languages

**Referral Information:**

Name of Person Making Referral: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Agency/Program/Relationship to Youth: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email: \_\_\_\_\_

Best Way to be Contacted:  Home #  Cell #  Work #  Text  Email  In Person

Best Times to be Contacted: \_\_\_\_\_

**Family Information:**

Youth Lives With:  Married Parents  Unmarried Parents  Single Parent  
 Divorced Parents/Shared Physical Custody  Step-Parent/Blended Family  Foster Family  
 Family Member \_\_\_\_\_  Other \_\_\_\_\_

Custody (if parents are divorced) who has 100% legal custody:  Mother  Father  Joint (50%)

People Youth Primarily Lives With:

Name	Relationship to Youth	Age	Work / Cell Phone

--	--	--	--

Significant Others Not Living in Household:

Name	Relationship to Youth	Age	Work / Cell Phone

Language Spoken By Parent:  English Only  Other (specify) \_\_\_\_\_  Both languages

Is family Military?  Yes  No Type: \_\_\_\_\_

Has a Child Protective Referral ever been made?  Yes  No (If Yes, add details below)

**REFERRAL INFORMATION:**

Reason(s) for Referral: (check all that apply)

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Positive Role Model | <input type="checkbox"/> Family Conflict      | <input type="checkbox"/> Drug/Alcohol    | <input type="checkbox"/> Grief/Loss   |
| <input type="checkbox"/> Try New Activities  | <input type="checkbox"/> Emotional Support    | <input type="checkbox"/> Gang Related    | <input type="checkbox"/> Anxiety      |
| <input type="checkbox"/> Friendship Building | <input type="checkbox"/> History of Abuse     | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Depression   |
| <input type="checkbox"/> Social Skills       | <input type="checkbox"/> Domestic Violence    | <input type="checkbox"/> Hyperactivity   | <input type="checkbox"/> PTSD         |
| <input type="checkbox"/> School Behavior     | <input type="checkbox"/> Runaway              | <input type="checkbox"/> Self-Esteem     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Missing School      | <input type="checkbox"/> Homeless             | <input type="checkbox"/> Body Image      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Peer Conflict       | <input type="checkbox"/> Arrests/Legal Issues | <input type="checkbox"/> Eating Issues   | <input type="checkbox"/> Other: _____ |

Describe the reason(s) for the referral to the mentoring program. Any recent changes with the youth noticed? Any recent changes with youth's family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

What are some goals you think would be good for the youth? What could improve the youth's life?

What would the youth say is the reason for being referred? What would the youth see as a goal?

Is the youth on a waiting list or enrolled in any other mentoring programs?  Yes  No  
If yes, where?

Is youth &/or parent/guardian open to being matched with a mentor of any age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location, etc.  YES  NO? If No, explain:

What are the days and/or times youth is available to meet weekly with a mentor?

Has this referral been discussed with the youth & parent/guardian (if made by someone other than parent/guardian)  Yes  No? If yes, when? What was their response/are they interested in having a mentor for their youth?

What are the youth's strengths, skills, hobbies, interests?

School Information: What do the teachers say about the youth? How are grades? Any behavior challenges  Yes  No? Does youth receive special education services  Yes  No? Have there been any SST Meetings  Yes  No? Does youth have an  IEP or  504 Plan? Does youth have any special needs, but not receiving special education services  Yes  No?

Peer Relationships: How does youth relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups youth relates best with?

Has family &/or youth ever attended counseling  Yes  No? If yes, where? When? For what reasons?

Family History: Any changes/stressors for youth/family (moves, deaths, births, remarriage, separations/divorces, witness any accidents, trauma, domestic violence, etc.)? Who does youth primarily live with? Any specific custody/visitation arrangements if parents are divorced/separated? Who is most actively involved with the youth? What are relationships between family members like?

Are there any specific cultural issues for youth/family that would be helpful to know?

Any serious past or present medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for youth or family?

Any history of substance use/abuse in family or with youth  Yes  No? If yes, what kind & what frequency?

Any history of youth or family members with suicidal thinking or suicide attempts  Yes  No? If yes, when?

Any history of youth or family members with history of self-harm  Yes  No? If yes, what & when?

Any arrests, convictions, encounters for the youth or family members with the law  Yes  No? If yes, when & what happened? Any Probation Officers worked with the youth  Yes  No? If yes, when and is it ongoing?

Any Child Protective Services &/or Police involvement with the youth and/or family regarding youth's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)  Yes  No? If Yes, when & why?

<b>THIS SECTION IS FOR PROGRAM STAFF ONLY</b>			
<b>CONTACT LOG</b>			
Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)			
Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

**PRIVILEGE AND CONFIDENTIALITY NOTICE:** Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying if this document is strictly prohibited. If you have received this document in error, please notify the sender or intended receipt immediately.