



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Reach & Rise® Youth Referral Form

Please send referral form to:

Jessica Burr, Clinical Director Reach & Rise®  
Butler County Family YMCA  
339 N. Washington Street Butler, PA 16001  
[jburr@bcfymca.org](mailto:jburr@bcfymca.org) 724-953-2002 x136

Interest:    **One to One Mentoring**                       **Group Mentoring**                       **Both**

### **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: \_\_\_\_\_

### **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%)

Incarcerated Family Member \_\_\_\_\_

People Youth Primarily Lives With: \_\_\_\_\_

Language Spoken By Parent: \_\_\_\_\_

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

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?

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

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

Does youth receive special education services  Yes  No? Does youth have an  IEP or  504 Plan? Does youth have any special needs, but not receiving special education services  Yes  No? If yes, please explain:

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?

**Referral Information:**

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

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

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