



Youth Mentoring Referral Form

Youth Name: _____ Age: _____

School: _____ Grade: _____

Parent/Caregiver(s) Name: _____

Parent/Caregiver(s) Phone Number(s): _____

Requested by: _____

(Print name and relationship to youth referred (i.e., parent/teacher/staff person/))

How did you hear about Catholic Charities of Idaho:

- | | | | |
|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Idaho Catholic Registry |
| <input type="checkbox"/> Partner Agency | <input type="checkbox"/> News/Radio | <input type="checkbox"/> Twitter | <input type="checkbox"/> Google Business Review |
| <input type="checkbox"/> 211 | <input type="checkbox"/> Church | <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Flyer (Location): _____ | | | |

The student is being referred primarily for the following areas of concern (circle all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Behavior Issues | <input type="checkbox"/> Study Habits | <input type="checkbox"/> Social Problems |
| <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Criminal Activities | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Health/Nutrition Concerns |
| <input type="checkbox"/> Other: _____ | | | |

Brief explanation of youth needs or areas of concern:

What strategies/learning models would be effective when working with this youth?

Please share any additional information with us that will help us better serve this student.

Referring Partner Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please check this box if verbal consent to submit referral form, rather than written consent, was given by parent/guardian. Additionally, indicate what date consent was given here: _____

By providing verbal or written consent to this document, you are authorizing the referring individual to send the above information to Catholic Charities of Idaho and for Catholic Charities of Idaho to contact you directly to discuss enrollment of your youth in the Mentoring Program. Additionally, by signing, you authorize Charities of Idaho to contact the referring partner to discuss the referral in more depth.