

**Referral Source**

Self Family Court ACS

School Legal Aid CAS Other\_\_\_\_\_



**Cycle:** \_\_\_\_\_

**Walk In** \_\_\_\_\_ **or Phone** \_\_\_\_\_

**Intake date:** \_\_\_\_\_

**Youth Empowerment Mission Inc  
Referral Form**

**Participant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male ( ) Female ( )**

**Home Address:** \_\_\_\_\_ / \_\_\_\_\_

Street #

Apt # Home #

Cell/Pager #

City

State

Zip Code

Community/Neighborhood

**1. Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**2. Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Referral Agency / Source:**

**Referral Contact Name:**

**Email:**

**Address:**

**Phone #**

**Educational Status:**

**Mental Health History:**

**Substance Abuse History:**

**History of Delinquent Behavior:**

**Reason for Referral:**

**Youth Empowerment Mission Inc( Follow Up Notes):**

**YEM Staff Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_