



NEW PROGRAM PARTICIPANT REFERRAL FORM

Youth Name: _____ Date of Birth: _____

Primary Phone Number: _____ Primary Email: _____

Address: _____

City _____ State: _____ Zip _____

Name of Shelter or Housing Program (if applicable): _____

Youth Lives With:

- | | | |
|---|--|--|
| <input type="checkbox"/> Currently Homeless | <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> DCFS Placement |
| <input type="checkbox"/> Biological Parents | <input type="checkbox"/> Friends | <input type="checkbox"/> Housing Program |
| <input type="checkbox"/> Relatives | <input type="checkbox"/> Lives Alone | <input type="checkbox"/> Other: _____ |

Race & Ethnicity:

- African American / Black
- Caucasian
- Asian
- Native Hawaiian or Pacific Islander
- Latinx / Hispanic
- Native American
- Bi / Multi-Racial
- Other: _____

Gender Identity:

- Male
- Female
- Other: _____

Does the youth identify as a member of the LGBTQA community?

- Yes
- No

Does the youth identify as trans?

- Yes
- No

Academic Status

- Currently in middle school
- Currently in high school
- Completed HS Diploma / GED
- Currently in college or university
- Completed college or university

Primary Language

- English
- Spanish
- Other: _____

Secondary Language

- English
- Spanish
- Other: _____

Current or previous RSO status, or pending RSO case under CA Penal Code 290:

- Currently RSO
- Previously RSO
- Not RSO
- Pending/open case

PROGRAM ENROLLMENT

C/HOPE

- Currently incarcerated or in camp & due to be released on _____
- Previously incarcerated
- Currently on probation or parole
- Previously on probation or parole
- Open case
- At risk of becoming justice-involved
- Other: _____

C/FORWARD

- Currently in foster care
- Previously in foster care
- Currently under AB-12
- Current open DCFS case
- Adopted
- Other: _____

**Any and all information collected will remain confidential and will solely be used for case management within the Coalition. We do not share any youth's information with anyone or any entity outside of the Coalition.*

EMERGENCY CONTACT INFORMATION

Name(s): _____ Relationship: _____

Primary Phone: _____ Email: _____

Address: _____

City _____ State: _____ Zip _____

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian Name(s): _____

Primary Phone: _____ Email: _____

Address: _____

City _____ State: _____ Zip _____

Parent / Guardian Primary Language

- English
- Spanish
- Other: _____

Parent / Guardian Secondary Language

- English
- Spanish
- Other: _____

SERVICES NEEDED

Education

- HS Diploma / GED
- College / Vocational Application &/or Enrollment
- FAFSA
- Other: _____

Housing

- 34th Street Housing Program
- ILP Eligible
- Section 8
- Transitional Housing
- Other: _____

Vital Records

- Birth Certificate
- Social Security Card
- Driver's License / State ID
- Other: _____

Mental Health Treatment

- Anxiety
- Depression
- Other: _____

Employment

- Resume Building
- Paid Internship
- Job Search / Career Exploration
- Work Clothing
- Other: _____

Personal & Family

- Hygienic Supplies
- Clothing
- Diapers
- Child Care
- Other: _____

Benefits

- GR / Cash Aid
- CalFresh / Food Stamps
- CalWorks
- Social Security Insurance
- Extended Foster Care (AB-12)
- Medi-Cal
- Other: _____

Legal Services

- Immigration
- Family Law / Custody
- Probation
- Other: _____

Additional

- Recreational Activities
- Tattoo Removal
- AA / NA Meetings
- Other: _____
- Other: _____
- Other: _____

REFERRAL SOURCE

Name: _____ Relationship: _____

Primary Phone: _____ Email: _____

How did you learn about us? _____ Date of Referral: _____

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