

Choices Mentoring Initiative Referral Form

Myself, My Family, and My Community Serving Our Youth

Choices Mentoring Initiative is a nonprofit organization that helps decrease risk among youths and unearth resiliency to advance their emotional welfare and overall achievement by building social-emotional learning skills and alternate experiences.

NAME OF YOUNG PERSON: DATE OF BIRTH:	DATE OF REFERRAL:
GENDER:	PARENT/GUARDIAN'S EMAIL:
ETHNIC ORIGIN:	
CULTURAL GROUP:	
ADDRESS:	CONTACT NUMBERS Phone Number: Mobile Number:
DETAILS OF PARENT/GUARDIAN Name: Address: Phone number: Mobile Number:	OTHER CONTACT DETAILS (If different from Parent/Guardian) Name: Address Phone number Mobile number

REASONS FOR REFERRAL TO CHOICES MENTORING INITIATIVE:

Please include why the young person has been referred to the Choices Mentoring Initiative and what you and the young person are hoping to achieve as a result of the service. Is there a particular role for the Choices Mentoring Initiative Mentor to undertake?

HAS THIS REFERRAL BEEN DISCUSSED WITH THE YOUNG PERSON?

Yes _____ No _____

WHAT ARE THE YOUNG PERSON'S VIEWS ABOUT THE DECISION TO PARTICIPATE IN THE CHOICES MENTORING INITIATIVE PROGRAM?

WHAT ARE THE YOUNG PERSON'S VIEWS ABOUT BEING IN A GROUP WITH OTHER CHILDREN AND YOUTH?

INFORMATION ABOUT THE YOUNG PERSON'S STRENGTHS:

INFORMATION ABOUT THE YOUNG PERSON'S NEEDS (IF ANY):

ANY HEALTH ISSUES INCLUDING ALLERGIES:

DOES THE YOUNG PERSON TAKE ANY MEDICATION?

YES ____ NO _____

IF YES WHAT ARE THE MEDICATIONS AND WHAT TIME DOES THE YOUNG PERSON TAKE HIS MEDICATION

BEST STRATEGIES TO MANAGE ANY DIFFICULTY BEHAVIOR/S:

POTENTIAL RISK TO OTHERS:

OTHER RELEVANT INFORMATION:

PERSON COMPLETING THIS FORM:

SIGNATURE:

Choices Mentoring Initiative will maintain any information collected confidential.
Please complete and email this form to dremmanueltbile@gmail.com
For questions, don't hesitate to contact Dr. Emmanuel Bile at 413 841 9572 or Jerome Edgerton Jr 413 449 6694.