



## Program Referral Form

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

Referral Source Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Referral Source Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the legal guardian been made aware of the referral to Youth Empowerment Source:  Yes  No

Program Selection (check one)

<input type="checkbox"/>	<b>Children of Incarcerated Parents</b> supports youth ages 5-17 who have a parent/guardian actively incarcerated or who has been incarcerated within the last 24 months. Youth's Relationship to Incarcerated Individual: _____
<input type="checkbox"/>	<b>Stride</b> is an intervention program designed to assist youth ages 8-18 who are facing adversity. Check all that apply: <input type="checkbox"/> Runaway <input type="checkbox"/> Family Issues/Conflict <input type="checkbox"/> Truancy/School Issues <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Substance Abuse
<input type="checkbox"/>	<b>The Legacy Program</b> assists youth between the ages of 16-24 who have not graduated high school or are struggling to find and sustain employment. Check all that apply: <input type="checkbox"/> Needs to complete GED <input type="checkbox"/> Graduated, unemployed Is the youth still enrolled in school: <input type="checkbox"/> Yes or <input type="checkbox"/> No Date Withdrawn: _____

Youth's Full Name: \_\_\_\_\_ Youth's DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Legal Guardian Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Additional Information:

Has the family been impacted by incarceration?  No  Yes, please provide additional resources.

Please Return Completed Form to [referrals.yes@gmail.com](mailto:referrals.yes@gmail.com)

Youth Empowerment Source \* 443-593-3900 \* 140 Maffitt Street, Elkton, MD 21921

For Office Use Only	
Date Received: _____	Saved: _____
Tally Sheet: _____	Apricot: _____