



Valencia County Continuum of Youth Services Program Referral Form

Program Options:

RAC	Botvin LifeSkills	One Circle		Restorative Justice	Other
Belen: ____	Belen: ____	Boys Council: ____	UC- All Together Rising: ____	Pre-Circle: ____	DRC: ____
Drop-In: ____	Los Lunas: ____	Girls Circle: ____	GC-La Mariposa: ____	Circle: ____	
Los Lunas: ____		Unity Pride: ____	GC- Mother & Daughter: ____	Post Circle: ____	

First Name: _____ **Last Name:** _____

Preferred Name: _____ **Phone Number:** _____

Date of Birth: _____ **Date of Referral:** _____

Home Address: _____ **City:** _____ **State:** _____

County: _____ **Zip:** _____ **Ethnicity/Race:** _____

Gender (Please circle):

Male | Female | Transgender | Genderqueer/Transgender/Non-binary | Prefer not to identify | Other

Name of Referring Individual: _____ **Title:** _____

Referral Source (circle all that apply):

Self-Referral | School | Community Referral | Family | State Agency | Tribal Social Services | Unknown

Reason for Referral (circle all that apply):

Academics | Absence/Tardiness | Anger, Bullying | Depression | Divorce | Fighting | Friendship/Peer Relationships | Dishonesty | Grief/loss | Hygiene | Hyperactive | Self Esteem | Social Skills | Drug or Alcohol Use | Stealing | Stress/Anxiety

Comments:

Release of Information for Referral Source

_____ Check if you agree to allow youth RAC staff to speak to the above listed referral source on your youth's case as it pertains to the reason for their referral.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____



Demographic Information

Name: _____ Initial Registration Date: _____

Population Served (Please circle):

Failing one or more subjects in school | Low attendance in school | Part of the juvenile justice system | Demonstrating behavioral or emotional issues | At-risk of child abuse | At-risk of substance abuse | Come from a single parent | Foster home or in kinship care and are in need of a positive role model | Receiving special education services | Have disabilities and/or special health needs | Out of school youth/dropouts | Gang-involved youth | Pregnant/parenting | Runaway or homeless | Have incarcerated parents | Arrested in past 30 days | Protective Services

Gender (Please circle):

Male | Female | Transgender | Genderqueer/Transgender/Non-binary | Prefer not to identify | Other

Ethnicity (Please circle):

Hispanic or Latino | Non-Hispanic or Latino | Other: _____

Race (Please circle):

White | Asian (South Asian, Middle Easter) | Asian (Other) | Native Hawaiian | Other Pacific Islander | Native American | Alaskan Native | Black | African American | Multiracial | Prefer not to Answer | Other Race | Unknown |

If Native American, Tribal Affiliation: _____

Homeless: Yes: ____ No: ____

Geographic Location (Please circle): Urban, Tribal, Rural, Frontier
Other Population (Please Circle):

Mental Health | Substance Abuse | Truant/Dropout | Pregnant

Gang Activity: Yes: ____ No: ____

Currently in Detention: Yes: ____ No: ____