



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 | Foster Care involved youth | LGBTQIA+ | Immigrant or refugee youth | victim of commercial sexual exploitation

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: Acoma Pueblo | Cherokee | Cochiti Pueblo | Hopi | Isleta Pueblo | Jemez Pueblo | Laguna Pueblo | Mescalero Apache | Nambe Pueblo | Navajo – Alamo | Navajo – Checkerboard | Navajo – Main Reservation | Pojoaque Pueblo | Sandia Pueblo | San Felipe Pueblo | San Ildefonso | San Juan Pueblo | Santa Ana Pueblo | Santa Clara Pueblo | Santo Domingo Pueblo | Sioux | Taos Pueblo | Tesuque Pueblo | Unknown | Ute Mountain | Zia Pueblo | Zuni Pueblo | Other: _____

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: ___