



P.O. Box 1007 Office 307 E Street Salida, CO 81201 719-539-8659 Fax: 719-539-6430

“Breaking Barriers, Empowering Change, Strengthening Resiliency.”

Youth Referral Form

Court Involvement Senate Bill 94 Involvement DHS/FYI Involvement 1451 (Wrap) Involvement

Date of Referral: _____ Youth's Birthdate: _____

Youth's Name: _____ Age: _____ Grade: _____ Sex: _____

Home Address: _____ Mailing Address: _____

Guardian(s) Name(s): _____ Relationship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

Do the youth's parents know you are making a referral? (*We encourage you to speak with them before you make the referral) _____

How long have the family & the youth lived in Chaffee County? _____

If not from Chaffee County, where is the youth from? _____

School(s) attending: _____

Other Concurrent Services, if any known:

WCMHC RMBH/other substance abuse provider AADA Starpoint Private MH Provider: _____

Diversion/Probation _____ GAL _____ Other _____

FYI: Youth @ Crossroads Nurturing Parenting Chaffee County Mentors

Please check all history known of youth: Suspected mental health problems Suspected substance abuse problems

History of DV/Abuse/Neglect Other _____

Possible goals/expectations of youth, please check all that apply:

Positive social involvement Improved family relationships Prevent out of home placement Life Skills

Goals for parents of youth (describe: _____) Transitioning to emancipation

Other (s) _____

How could this youth strengthen his/her resiliency? _____

How would this youth benefit from having a mentor? _____

Does any of member of this family or youth need any other appropriate services:

Family Therapy Individual Therapy _____ Nurturing Parenting Classes Chaffee County Mentors

Youth @ Crossroads Psych Eval Med Eval Substance Abuse Eval Other _____

Are there any other referrals in place for this youth or their family? _____

Current Legal status/important deadlines: _____

Circle/Describe your relationship with the youth? GAL Probation Officer District Attorney Caseworker Teacher
Supervisor _____ School Counselor Therapist DHS/FYI employee Friend Relative Parent
Other _____

Any other special considerations? _____

Referring individual or contact person

Relationship with child

Contact Phone Number *

Menessah Nelson, MA, LPC
DHS Family Therapist & Mentors Plus Program Manager
menessah.nelson@state.co.us
www.chaffeementors.org