

# OAKLAND COUNTY YOUTH ASSISTANCE PROGRAM REFERRAL FORM

**PLEASE PRINT**

Reason     	Area     	Staff     
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Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Asian       Black       Caucasian       Hispanic       Multi-racial

(w)  
(h)  
(cell)

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ City and Zip \_\_\_\_\_ Phone \_\_\_\_\_

(w)  
(h)  
(cell)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ City and Zip \_\_\_\_\_ Phone \_\_\_\_\_

(w)  
(h)  
(cell)

Step-parent or Guardian (living with child) \_\_\_\_\_ Address \_\_\_\_\_ City and Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ School District \_\_\_\_\_

Name of Local Youth Assistance Program \_\_\_\_\_

**BRIEF DESCRIPTION OF REASON FOR REFERRAL (use additional sheets if necessary)**

**• Upon acceptance of services, families will be assessed a \$25 processing fee •**

Have other agencies or school services been involved?      Yes       No   
If yes, who? \_\_\_\_\_

Is parent aware of referral?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Is youth aware of referral?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Has parent been informed of processing fee?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Signature of Referring Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(signature required)*

**Print Full Name of Referring Person:** \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Agency: \_\_\_\_\_