

Connecticut Department of Children and Families
ONE-ON-ONE MENTORING PROGRAM EXCEPTION FORM
DCF-105
3/17 (Rev.)



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DCF Area Office:	Date:	Case ID #:
Youth's LAST Name:	Youth's FIRST Name:	Person ID #:
Race:	Ethnicity:	
Primary Language:	English Proficiency: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Phone:
Address:	City/Town:	State:
Zip:		
DCF Social Worker:	Phone:	
DCF SW Supervisor:	Phone:	
Legal Status:	Legal Guardian:	
Parent/Guardian's Name:		
Placement Type:		
Placement Name:	Phone:	
Description of Placement:		
Caretakers Names:	Roles:	
School Name:	Grade:	
Does the youth have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Is youth on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Mental Health Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Axis I Diagnosis and GAF (If available):		
Clinician's Name:	Phone:	
Expected living situation over the next twelve months:		
Brief assessment of the youth's ability and willingness to participate in the mentoring program. Describe any identified, significant behavioral and/or health issues and/or concerns:		
Please describe the reason for an exception and why you feel this service would benefit youth :		
Has youth been informed of the Mentor Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would the youth like a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the placement been informed of the Mentoring Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the youth looking for in a mentor?		
<i>Note: Social Worker must attach a signed DCF-2131 "Release of Information" form to this referral.</i>		
Social Worker's Name:	Social Worker's Signature:	
Program Manager's Name:	Program Manager's Signature:	
When completed, please email this form to Dayna Snell for review and approval. Dayna.snell@ct.gov		Date:
Approved by: Dayna R. Snell, One on One Mentoring Program Manager		