



Youth Link Mentoring Referral

Date of Referral: _____

REFERRAL SOURCE INFORMATION

DCF/Provider Name: _____ E-mail: _____

Office Phone: _____ Cell: _____

DCF Social Worker Supervisor Name: _____

SWS email: _____ SWS phone: _____

Boys & Girls Village

Region 1: ☐ Norwalk ☐ Bridgeport

Region 2: ☐ New Haven ☐ Milford

Region 3: ☐ Windham ☐ Norwich ☐ Middletown

Region 4: ☐ Hartford ☐ Manchester

Region 5: ☐ Torrington ☐ Waterbury ☐ Danbury

Region 6: ☐ Meriden ☐ New Britain

Please check one for the youth's DCF status.

- ☐ Child Protective Services - In-Home
- ☐ Child Protective Services - Out of Home
- ☐ No current DCF Involvement

Reason for DCF involvement/Continued DCF Involvement:

Reason for LINK Mentoring referral:

DCF Person ID # _____ DCF Case LINK # _____



YOUTH DEMOGRAPHICS

Name of Youth:

First _____ Middle _____ Last _____

Preferred Name: _____ DOB: _____ Age: _____

Gender Identity: ☐ Cisgender Male ☐ Cisgender Female ☐ Transgender Male

☐ Transgender Female ☐ Non-Binary ☐ Intersex ☐ Other: _____

Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Ze/Hir/Zir ☐ Other _____

Sexual Orientation: ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Queer ☐ Pansexual ☐ Asexual ☐ Other _____

Youth/Family's involvement within the LGTBTQIA+ Community:

Religious Affiliation: _____

Race

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Abandoned
- ☐ Declined/Not Disclosed

Ethnicity

- ☐ Not of Hispanic, Latino, or Spanish Origin
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican



- ☐ Cuban
- ☐ Dominican
- ☐ Another Hispanic, Latino, or Spanish origin
- ☐ Declined/Not Disclosed

What is youth's primary language? _____ Secondary language _____

LIVING SITUATION

Living arrangements **at time of referral:**

- | | |
|---|--|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Job Corps site |
| <input type="checkbox"/> TFC Foster Home (privately licensed))) | <input type="checkbox"/> Correctional facility |
| <input type="checkbox"/> DCF Foster Home | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crisis Residence | |
| <input type="checkbox"/> Residential Treatment Facility | |
| <input type="checkbox"/> Homeless/Shelter | |
| <input type="checkbox"/> College Dormitory | |

In the 6 months **prior to this referral**, was the youth homeless, living on the street, a shelter or "couch surfing"? ☐ Yes ☐ No

Is the youth's current living situation stable, permanent housing? ☐ Yes ☐ No

Youth Home Address: _____

Apt. _____ Floor _____ Building _____

City: _____ State: _____ Zip: _____

Youth's Cell Phone: _____ Youth's e-mail: _____

Does the youth live with an adult? ☐ Yes ☐ No

Name of Adult _____ Relationship to youth _____

Adult's cell phone: _____ Adult's primary language: _____

Adult's e-mail address: _____



EDUCATION

Is youth currently enrolled in school? ☐ Yes ☐ No If yes: ☐ full time ☐ part time

Name of school: _____ City: _____

Attends: ☐ day ☐ evening

Type of School and Grade: _____

- ☐ Middle School /Intermediate
- ☐ High School
- ☐ GED Prep classes
- ☐ Vocational/Tech

- ☐ College/University Associate's
- ☐ College/University Bachelor's
- ☐ Graduate School
- Other: _____

Are there areas that have a significant impact on the youth's engagement at school?
Select all that apply.

- ☐ No
- ☐ Yes: academic
- ☐ Yes: social
- ☐ Yes: behavioral

- ☐ Yes: emotional
- ☐ Yes: Attendance
- ☐ Yes: other (please explain)

POST-High School: (IF applicable)

Post-secondary/vocational education enrollment/interests: _____

EMPLOYMENT

Is the youth currently employed? ☐ Yes ☐ No Start date: _____

If yes, Employer name: _____ Job type/title: _____

Typical days/hours worked per week: _____

If no, is the youth currently seeking employment? ☐ Yes ☐ No



Highlight the youth's vocational interest/experiences:

PERSONAL AND COMMUNITY ENGAGEMENT

Can the youth identify an adult with whom they have a supportive relationship?

☐ Yes ☐ No

If yes, name of person _____ relationship _____

Is the youth involved in community activities? ☐ Yes ☐ No

If yes, list: _____

What are the days/hours of the activities? _____

Referral Source

Printed name: _____ Relationship to participant: _____