



Youth Link Mentoring Referral - DCF & Community Form

DCF YOUTH: ☐ COMMUNITY YOUTH: ☐

REFERRAL SOURCE INFORMATION

Name: _____ Email: _____

Office Phone Number _____ Cell Phone: _____

DCF Social Worker Supervisor Name: *(if applicable)* _____

SWS email: _____ SWS phone: _____

PLEASE SELECT PROGRAM BASED ON LOCATION BELOW

Boys & Girls Village - Return Referral to: Jenna CappellieriJ: CappellieriJ@bgvillage.org

Region 1: ☐ Norwalk ☐ Bridgeport Region

2: ☐ New Haven ☐ Milford

Region 5: ☐ Torrington ☐ Waterbury ☐ Danbury

New Haven Pride Center - Return Referral to: Kaylee Herold : Kaylee@newhavenpridecenter.org

Region 3: ☐ Windham ☐ Norwich ☐ Middletown

Region 4: ☐ Hartford ☐ Manchester

Region 6: ☐ Meriden ☐ New Britain

Please check one for the youth's DCF status. *(if applicable)*

☐ Child Protective Services - In-Home

☐ Child Protective Services - Out of Home

Reason for DCF involvement: *(if applicable)*

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 ☐ _____

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

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

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:

- ☐ Private residence
- ☐ College Dormitory
- ☐ TFC Foster Home (privately licensed)))
- ☐ Job Corps site
- ☐ DCF Foster Home
- ☐ Correctional facility
- ☐ Group Home
- ☐ _____
- ☐ Crisis Residence
- ☐ Residential Treatment Facility
- ☐ Homeless/Shelter
- ☐ Transitional Housing

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: _____

- | | |
|--|---|
| <input type="checkbox"/> Middle School /Intermediate | <input type="checkbox"/> College/University Associate's |
| <input type="checkbox"/> High School | <input type="checkbox"/> College/University Bachelor's |
| <input type="checkbox"/> GED Prep classes | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Vocational/Tech | |

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

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes: emotional |
| <input type="checkbox"/> Yes: academic | <input type="checkbox"/> Yes: Attendance |
| <input type="checkbox"/> Yes: social | <input type="checkbox"/> Yes: other, please explain |
| <input type="checkbox"/> Yes: behavioral | |

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: _____