



Resource Navigation Referral Form

Referring Person's Information

Name:	Date:
Agency: <input type="checkbox"/> N/A	Relationship to Youth: <input type="checkbox"/> Self-referral

Youth's Information:

Name:	Date of Birth:
Phone #:	Email:
Social Media Handle:	Pronouns:

Current Living Situation?

<input type="checkbox"/> On the Streets	<input type="checkbox"/> With Guardian	<input type="checkbox"/> With Relatives	<input type="checkbox"/> With Friends
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Treatment Foster Care	<input type="checkbox"/> Shelter	<input type="checkbox"/> Group Home
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Other	

Reason for Referral:

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What would you like help with?

<input type="checkbox"/> Housing	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> Goal Coordination	<input type="checkbox"/> Job Support	<input type="checkbox"/> Education
<input type="checkbox"/> Food	<input type="checkbox"/> Nothing	<input type="checkbox"/> Other

Race/Ethnicity (check all that apply)

<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White



Do you currently have medical insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
If yes, please tell us who your provider is:		

Are you currently in school?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I already have my HS Diploma or GED
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Are you currently involved with Protective Services, State Law enforcement or Tribal Law enforcement?

<input type="checkbox"/> Not Involved	<input type="checkbox"/> In custody	<input type="checkbox"/> 48 Hour Hold/Referral
<input type="checkbox"/> At Risk	<input type="checkbox"/> Have been in custody in the past	<input type="checkbox"/> Ongoing Involvement

What are your passions?
What are some of your strengths?