



For Agency Use ONLY:

ID#: _____ Intake Date: ___/___/___ Case Manager: _____
Staff Initials: _____
Has youth been a BGC Member before? No Yes, When? _____

YOUTH FOR SUCCESS INITIATIVE REFERRAL FORM

Today's Date: _____

Referral Information

Referring Agency/Individual: _____
Contact Person: _____
Phone: _____ Email: _____

Please complete the following information to the best of your ability. If you do not know the answer to a question, simply leave it blank. Thank You!

Youth and Family Information

Full Name of Youth Being Referred: _____
Home Address: _____
Contact Number: _____ Email: _____
Gender: M F
Race: White Black or African American American Indian and Alaska Native Asian
 Native Hawaiian and Other Pacific Islander Other Race: _____
Ethnicity: African American Asian Hispanic Pacific Islander Other: _____
Age: _____ Date of Birth: ___/___/___

Who does youth live with? Alone With Mother With Father With Both Parents
 With Brother(s) and/or Sister(s) With Grandparent(s)
 With Other Relatives or Guardian With Foster Parent
 With Other, please explain: _____

Total # of Siblings: _____ in Family

Family Contact Full Name: _____
Phone: _____ Email: _____

Primary Language Spoken at Home: English Spanish Other, please explain: _____

Important Health Info: _____

House of Worship Info: _____ Faith Leader Affiliation: _____

Justice/Law Enforcement Involvement

Has youth had prior involvement with law enforcement, juvenile justice or probation? Yes No

If Yes, please explain: _____

Is youth currently involved with law enforcement, juvenile justice or probation? Yes No

If Yes, please explain: _____

Youth's School Information

Name of School: _____ Grade: _____
School Contact Person: _____
Title of Contact Person: _____
Phone: _____ Email: _____

Circle the programs that you think would help youth: Life Skills, Leadership Development, Academic Success, Community Service, Mentoring, Creative and Performing Arts, Financial Literacy, Employment/Job Development, Gang Prevention, Drug & Alcohol Education, Fitness/Nutrition

Please fax Referral Form, along with At-Risk Criteria Form, to Tygh Powell, Boys and Girls Club, 856-896-0376; or email both forms to: tpowell@vinelandbgc.org. Any questions, call Jacki at 856-896-0244.