



## Child/ Adolescent/ Youth Referral Form

All information included on this form will be kept confidential and is for agency use only.

Referring Agency: _____	Phone: _____	Referral Date: _____
Name and Title/Position of Referral Source: _____		
Signature of Referral Source: _____		Email Address: _____

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Race/Ethnicity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does child live with someone other than parent/guardian? *If so please provide the following:*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the members of child's current household (*please be sure to include siblings and/or stepsiblings*):

	Name	Relationship to Child	Age	School or Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Is the child currently: In DHR Custody: \_\_\_ Yes \_\_\_ No

Is the Child Insured: \_\_\_ Yes \_\_\_ No

Adopted: \_\_\_ Yes \_\_\_ No

Has there been Current or Previous Involvement with DHR: \_\_\_ Yes \_\_\_ No

Reason for Referral (*Please Check all that apply*):

_____ Substance Use	_____ Depression	_____ Anger	_____ Trauma
_____ Anxiety	_____ Grief	_____ Phobia(s)	_____ Cutting
_____ Separation Issues	_____ Family Conflict	_____ Behavioral Issues	
_____ Court Ordered	_____ Juvenile Court	_____ PRTF/Hospital Discharge	

Please describe any behaviors child is displaying that we should know about - \_\_\_\_\_

Please describe any family dynamics/issues we should know about - \_\_\_\_\_

Comments: \_\_\_\_\_

**Referral to Hope Afield does not satisfy, negate, alter or amend any obligation for MANDATORY REPORTING pursuant to §26-14-3 of the Code of Alabama and such referral shall be for available programs and services only; not for the purposes of MANDATORY REPORTING.**

Hope Afield: Where the great outdoors is the classroom for finding hope, healing and purpose for a wounded spirit.

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