

THE BUDDY PROGRAM, INC.
Little Buddy Referral Form

Please Return To:

The Buddy Program
P.O. BOX 617
Basalt, CO 81621

Phone: 927-1001
Fax: 927-0193
www.buddyprogram.org

When filling out this form please be as thorough as possible. This is a confidential form.
Please check the appropriate program: Community___ School based___ Peer to Peer ___

Date of referral: _____

Child's Name: _____ D.O.B.: _____ Age: _____

Physical address: _____ Mailing: _____

Primary Parent: _____ Wk phone: _____ Hm phone: _____

Parent's E-Mail _____

Does the child speak English? _____

Do the parents speak English? _____

Emergency contact: _____ phone: _____

Referring person: _____ phone: _____

Agency: _____ address: _____

Relationship to child: _____

School: _____ phone: _____ Grade: _____

Teacher: _____ Counselor: _____

Other agencies involved with child/family: _____

Contact person: _____ phone: _____

Reason for Referral: (Check one or more of the following)
Physical Abuse:___ Emotional Abuse:___ Sexual Abuse:___ Neglect:___

Lack of supervision:___ Out of Home Placement:___ At-risk of out of home placement:___

Family Crisis:___ Divorce:___ Death:___ Domestic Violence:___ Attendance

Issues___: Behavioral Issues:___ ADD:___ ADHD:___

Other (explain) _____

*Any additional information:

*Please tell us a little bit about the child's personality: