



# REFERRAL FORM

DATE OF REFERRAL:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

**Please return to:** The Buddy Program, Inc.  
 110 East Hallam Street, Suite 125, Aspen, CO 81611 or 520 S. 3<sup>rd</sup> Street, Suite 30, Carbondale, CO 81623 Fax: 970-927-0193.  
 Or email it to: [ainhoa@buddyprogram.org](mailto:ainhoa@buddyprogram.org). This form can also be found at [www.buddyprogram.org](http://www.buddyprogram.org)

**Before filling out this form, please make sure to talk to the family of the child being referred about your intentions of referring their child to the Buddy Program. Please, be as thorough as possible. This is a confidential form.**

**Please check the appropriate program:**

- Community-** Screened and trained adult volunteers mentor youth ages 6-18 who are in need of extra support and guidance. Buddy Pairs meet 3-4 times/month for one-on-one time and take part in a variety of activities in the community.
- School-based-** Screened and trained adult volunteers mentor students in the school setting during the school day, for one hour/week throughout the school year.
- Peer-to-peer-** High school students are matched with elementary and middle school students. These Buddy Pairs meet once a week throughout the school year.
- LEAD-**(Leadership through Exploration, Action, and Discovery): Group experiential mentoring for teens in grades 6-12. Focuses on developing life skills via camps in the summer and Outdoor Leadership programs/activities during the school year.

|   |  |   |                   |
|---|--|---|-------------------|
| <b>CHILD'S NAME:</b> <i>(first, last)</i>   | <b>SEX:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female                     | <b>DATE OF BIRTH:</b><br><i>(M/D/Y)</i>   | <b>AGE:</b>       |
| <b>PHYSICAL ADDRESS:</b>  | <b>MAILING ADDRESS:</b>  | <b>PRIMARY PHONE NUMBERS:</b>   |                   |
| <b>NAME OF PRIMARY PARENT:</b>  | <b>PARENT'S AND/OR CHILD'S EMAIL ADDRESS:</b>  | <b>LANGUAGE PREFERRED BY PARENT:</b><br><input type="checkbox"/> English <input type="checkbox"/> Spanish |                   |
| <b>DOES THE PARENT SPEAK ENGLISH?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>DOES THE CHILD SPEAK ENGLISH?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                   |
| <b>SCHOOL CHILD ATTENDS:</b>  | <b>GRADE:</b>  | <b>TEACHER:</b>   | <b>COUNSELOR:</b> |

**Please describe child's personality (include strengths & challenges):**

## REFERRING PERSON AND/OR AGENCY

|  |               |               |
|--|---------------|---------------|
| <b>NAME OF REFERRING PERSON AND/OR AGENCY:</b> | <b>PHONE:</b> | <b>EMAIL:</b> |
|--|---------------|---------------|

## REASONS FOR REFERRAL *(check all that apply for this child and his/her family)*

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Child's and Family's Desire           | <input type="checkbox"/> New Student          | <input type="checkbox"/> Only Child                                 |
| <input type="checkbox"/> Needs Companionship                   | <input type="checkbox"/> Behavioral Issues    | <input type="checkbox"/> ADHD                                       |
| <input type="checkbox"/> ADD                                   | <input type="checkbox"/> Attendance in school | <input type="checkbox"/> Single parent                              |
| <input type="checkbox"/> Mental Health Needs (please specify): |   | <input type="checkbox"/> Developmental Disability (please specify): |

**In case of Family Crisis, please specify below:**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Divorce           | <input type="checkbox"/> Drug/Alcohol Use <i>(by child)</i>  | <input type="checkbox"/> At-risk of Out-of-Home Placement/ Adopted |
| <input type="checkbox"/> Death of a parent | <input type="checkbox"/> Drug/Alcohol Use <i>(by parent)</i> | <input type="checkbox"/> Parent in Prison/ Trouble with Law        |

**In case of Abuse or Neglect, please specify below:**

|  |  |
|--|--|
| <input type="checkbox"/> Physical abuse  | <input type="checkbox"/> Domestic Violence in the home |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Neglect                       |
| <input type="checkbox"/> Sexual abuse    | <input type="checkbox"/> Lack of Supervision           |

**Other (please explain):**

**Please describe successful strategies used with this child:**