



St. Paul Youth Referral Form

All referral sources must call ahead to inquire about program availability.

Youth Criteria: 1) ages 10-14; 2) non-violent; 3) want a mentor and are willing to run and be active; 4) reside in the 55106, 55130, 55117, 55104, or 55103 areas of St. Paul.

Youth Information:

Date: _____

Last name: _____ First: _____

Address: _____ City: _____ Zip: _____

Home phone: (____) _____ Other/work: (____) _____

D.O.B.: __/__/__ Student ID # _____ State ID # _____ Age: __ (10-14 only) Male Female

Parent/Guardian: _____ Relationship: _____

Primary Language: _____

All youth are referred to the St. Paul Running Program.

AGENCY INFORMATION

Name of staff referring: _____

Position/Title: _____

Your Agency: _____ **Phone:(____)** _____

Address: _____ **City/State/Zip:** _____

Email: _____

Please circle your agency type: **Attorney** **Child Protection** **Court** **County** **Diversion**
Family **Foster Care** **Housing Services** **Incarcerated Parent** **Mental Health**
Probation **TIP** **School** **Ames Lake** **West Minnehaha** Other: _____

• Has a **truancy** petition been filed OR has the youth had more than 7 unexcused absences from school? Yes No Comments: _____

• What is the youth's current GPA? _____

• Are you aware if the youth has a **county** probation, CP, or mental health worker? Yes No
If yes, please list name and explain (for funding purposes): _____

Along with this referral, please attach the youth's most current attendance record

• Is the youth required to complete Bolder Options within a specified time frame? Yes No
If yes, please explain: _____

• Is he/she required to complete community service hours? Yes No
Comments: _____

- Have you informed the youth's parent/guardian of the Bolder Options' program requirements, mentor roles and activities? Yes No
Comments: _____

- Have you spoken with the youth and does he/she WANT a mentor, is capable of physical activity, and is willing to run or bike? Yes No
Comments: _____

- Is the youth willing and able to complete a one-year program? Yes No How are you able to support the youth's successful program completion?
Comments: _____

- Does the youth have a history of violent or aggressive behavior? Yes No
Explain: _____

- Why do you think the youth is a good candidate for Bolder Options?

- To the best of your knowledge, is the youth involved in any other services or activities? Please describe some of his/her interests and hobbies:

- Please tell us about the youth's specific academic and emotional needs so that we can better serve him/her:

Additional Comments:

Please mail or fax completed referral forms to:

Bolder Options
C/O Nick Schumm, Program Manager
2100 Stevens Avenue South Minneapolis, MN 55404
Tel: (612) 379-2653x217 Fax: (612) 234-4710
program@bolderoptions.org

Thanks for your referral, feel free to contact us with any questions or concerns.
Please copy this form for future referrals

Bolder Options office use only: Referral received: _____ Provider called: _____