



Minneapolis/Hennepin County Youth Referral Form

Youth Criteria: 1) ages 10-14; 2) non-violent; 3) want a mentor and are willing to run and be active; 4) reside in Minneapolis, Golden Valley, Robbinsdale, St. Louis Park, or Richfield.

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

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: _____ Primary Language: _____

Due to the availability of mentors, **all youth are referred to the Running Program** unless there is a condition that prevents the youth from participating in that program. Please explain any interest or necessity for youth to participate in the Biking Program (Mpls only). _____

AGENCY INFORMATION

Name of staff referring _____

Position/Title: _____

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

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

Email: _____

Please circle your agency type:

Attorney	Probation	County	Child Protection
Truancy/Curfew	Court	Foster Care	Diversion
Social Services	Housing Services	Mental Health	Health Care
School	Out of School Time	NAZ	Family

Staff

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

• What is the youth's current GPA? _____

• Are you aware if the youth has a **county** probation or mental health worker? _____

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, capable of physical activity, and willing to run or bike? Yes / No
 Comments:

- Is the youth willing and able to complete a one-year program? 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.

Please mail or fax completed referral forms to:

Minneapolis Bolder Options
C/O Becky Reichel, Program Manager
2100 Stevens Avenue S, Mpls 55404
Tel: (612) 379-2653 Fax: (612) 234-4710
becky.reichel@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: _____