



Minneapolis/Hennepin County Youth Referral Form

Youth Criteria: 1) ages 10-14; 2) non-violent offenders; 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 the youth to participate in the Biking Program _____

AGENCY INFORMATION

Name of staff referring _____

Position/Title: _____

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

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

Email: _____

Please indicate your agency type: Attorney Child Protection County Court Diversion
Family Foster Care Housing services Incarcerated parent Mental Health
Probation SARB School Social Services 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 or mental health worker? Yes No

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? 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:

- Addition Comments:

Please email or fax completed referral forms to:

Minneapolis Bolder Options
C/O Nick Schumm, Program Manager
2100 Stevens Avenue S Mpls 55404
Tel: (612) 379-2653 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: _____