



## Youth Referral Form

**Youth Criteria:** **1)** Ages 10-14; **2)** Will benefit from volunteer adult support; **3)** Want a mentor and are willing to be physically active; **4)** Reside in the Twin Cities metro area? Specify our service area?

Referral Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Youth Information

Youth Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Caregiver(s) Name: \_\_\_\_\_

Caregiver Cell Phone: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Caregiver email: \_\_\_\_\_

Caregiver's Relationship to Youth: \_\_\_\_\_

Is more than one parent involved?

Yes / No

Youth's Gender Identity: \_\_\_\_\_

Youth's Pronouns: \_\_\_\_\_

Youth's D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth Age at Referral: \_\_\_\_\_

Youth Ethnicity (check all that apply):

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Other Race

### **Referring Agency Information**

Name of referring staff: \_\_\_\_\_

Agency: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Type: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

#### **Primary Enrollment Reason (only select one):**

- Academic Challenges
- Children of Incarcerated Parents
- Family Stress/Risk
- Lack of Access to Social Engagement or Recreation
- Living in High Risk Community
- Mental Health
- Lack of Social Skills
- Other

#### **Other Enrollment Reason(s):**

- Academic Challenges
- Children of Incarcerated Parents
- Family Stress/Risk
- Lack of Access to Social Engagement or Recreation
- Living in High Risk Community
- Mental Health
- Lack of Social Skills
- Other

#### **Protective Factors:**

- Family Involvement
- Academic Interest
- Strong Relational Skills
- Stable Housing & Basic Needs
- Community Involvement
- Sense of Self-Efficacy
- Non-academic Special Interest or Goals
- Athletic or Creative interests

**Target Populations:**

- Youth who have experienced victimization
- Youth who are underperforming in school
- Children of incarcerated parents
- Youth who identify as LGBTQ+
- Neuro-divergent youth
- Youth who experience anxiety & depression
- Youth who have been adopted or in foster care
- Youth with disabilities
- Youth in rural communities
- American Indian/Alaska Native youth
- Black & Brown youth
- Youth in low income households
- Children of immigrant parents

**COMMUNITY AGENCY INFORMATION**

What other relevant community agencies does this youth work with?

**PROGRAM CONSENT**

Please initial beside each program requirement.

- \_\_\_\_\_ The family has been informed of this referral.
- \_\_\_\_\_ The youth has been informed of this referral.
- \_\_\_\_\_ The youth and family are aware that this is a one year program.
- \_\_\_\_\_ The youth will meet with their mentor 2-4 hours each week.
- \_\_\_\_\_ The youth is aware of the requirements to attend 12 Bolder Options events, and setting and achieving 2 goals.

**PROGRAM CONSIDERATIONS**

In order to best match your youth with a mentor, please answer the following questions so that we may know a little bit more about them.

*I believe Bolder Options is a good fit for this youth because:*

*This youth's interests and activities are:*

*This youth's emotional and/or physical behaviors you should be aware of are:*

*These behaviors occur when/if:*

*This youth's coping skills are:*

*How can our volunteer mentors and staff at Bolder Options support this young person when they're experiencing emotional and/or physical behaviors?*

*The aspect(s) of Bolder Options this youth is excited about is(are):*

*The aspect(s) of Bolder Options this youth is wary about is(are):*

*This youth plans to support the match by:*

*This youth's family plan to support the match by:*

*Best way to community with this youth and their family:*

*Other Comments:*

**Please mail or fax completed referral forms to Bolder Options  
2100 Stevens Ave S Minneapolis, MN 55404 | Fax: (612) 234-4710  
Email: [support@bolderoptions.org](mailto:support@bolderoptions.org)**