



YOUTH REFERRAL FORM

Youth Criteria: 1) ages 10-14; 2) non-violent offenders; 3) want a mentor and are willing to be physically active; 4) reside in Minneapolis or St. Paul proper.

REFERRING AGENCY INFORMATION

Name of referring staff _____
Position/Title: _____
Your Agency: _____ Phone: (____) _____
Address: _____ City/State/Zip: _____
Email: _____ Agency type: _____

YOUTH INFORMATION

Last name: _____ First: _____
Address: _____
City: _____ (Minneapolis or St. Paul proper) Zip: _____ D.O.B.: __/__/____
Age: _____ (10-14 only) Gender Identity: _____ Pronouns: _____
Caregiver(s) Name: _____
More than one parent involved Y/N Relationship to youth: _____
Home phone: (____) _____ Cell: (____) _____
Youth's Primary Language: _____ Caregiver email: _____
Caregiver's Primary Language: _____

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic or Latino (of any race) | |

Primary Enrollment Reason (only select one):

- | | |
|---|--|
| <input type="checkbox"/> Academic Challenges | <input type="checkbox"/> Living in high risk community |
| <input type="checkbox"/> Children of Incarcerated Parents | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Family Stress/Risk | <input type="checkbox"/> Sexual Exploitation |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Labor Trafficking | <input type="checkbox"/> Truant/Dropout |
| <input type="checkbox"/> Lack of Social Skills | <input type="checkbox"/> Involvement in JJS |

Other Enrollment Reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Family Stress/Risk |
| <input type="checkbox"/> Involvement in JJS | <input type="checkbox"/> Living in high risk communities |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Children of Incarcerated Parents |
| <input type="checkbox"/> Sexual exploitation | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Academic Challenges | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Lack of Social Skills | <input type="checkbox"/> Truant/Dropout |

Protective Factors:

- | | |
|---|---|
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Academic Interest | <input type="checkbox"/> Sense of Self-Efficacy |
| <input type="checkbox"/> Strong Relational Skills | |

Target Populations:

- | | |
|---|--|
| <input type="checkbox"/> Youth who have experienced victimization | <input type="checkbox"/> Youth With Disabilities |
| <input type="checkbox"/> American Indian/Alaska Native Youth | <input type="checkbox"/> Youth in Rural Communities |
| <input type="checkbox"/> Children of Incarcerated Parents | <input type="checkbox"/> Youth Experiencing Labor Trafficking |
| <input type="checkbox"/> Youth who Identify as LGBTQ | <input type="checkbox"/> Youth Experiencing Homelessness |
| | <input type="checkbox"/> Youth Experiencing Commercial Sexual Exploitation |

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 3 physical challenges, 3 fun physical activity nights, and 6 educational nights with Bolder Options.

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.

Why do you believe Bolder Options is a good fit for this youth?

What are this youth's interests and activities?

What emotional or physical behaviors should we be aware of with this youth?

When and why do these behaviors occur?

What are this youth's coping skills?

What aspects of Bolder Options is the youth excited about?

What aspects of Bolder Options is the youth wary of?

How does the youth plan to support the match?

How does the family plan to support a potential match in our program?

What is the best way to communicate with this youth and their family?

Other comments:

Please mail or fax completed referral forms to: Bolder Options C/O Xavier Vazquez, Director of Program Management
2100 Stevens Ave S Minneapolis, MN 55404 Fax: (612) 234-4710
Email: xavier.vazquez@bolderoptions.org

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