

SWEET HOME YOUTH SERVICES TEAM
REFERRAL INFORMATION
(To be completed by person making referral)

Youth's Name: _____ DOB: _____ Age: _____ Sex (M/F): _____

Home Address _____

Home Phone: _____ Work Phone: _____

Referred By: _____ Agency: _____ Date Referred: _____

School: _____ Grade: _____ IEP/504: Yes / No Attending: Yes / No

Parent / Guardian Name: _____

Address (If different from above): _____

Youth Lives With (circle one): Father Mother Step Parent Foster Parent Adopted

Other (explain): _____

Reason for Referral (what is needed from team?): _____

Family History and Observations: _____

Additional Comments/Information: _____

Prior Agency/YST Involvement: _____

Request for Other Agency Participation in YST Staffing:

(Please make sure any agencies listed above are also listed on the Parent Authorization Form.)