



## Youth Support Partner Program Referral Form

Date: \_\_\_\_\_ Region (1 hour radius): Bangor \_\_\_\_ Portland \_\_\_\_ Lewiston \_\_\_\_

### Referral Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Best: Call \_\_\_\_ Text \_\_\_\_ Email \_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_ Race: \_\_\_\_\_

School/Facility: \_\_\_\_\_ Grade: \_\_\_\_\_

Mental Health Diagnosis? Yes \_\_\_\_ No \_\_\_\_ If yes, check one: \_\_\_\_ SMI (18+) \_\_\_\_ SED (0-18y.o.)

### Parent/Guardian Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Notified of referral to program? Yes \_\_\_\_ No \_\_\_\_

### Referring Individual

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/position: \_\_\_\_\_ Agency: \_\_\_\_\_

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

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Notes: (e.g. primary contact, JCCO information, residential info, strengths and interests, etc.)

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**Bangor:** [bangor@youthmovemaine.org](mailto:bangor@youthmovemaine.org) 207.754.1498 / FAX: 207.922.2522

**Portland:** [portland@youthmovemaine.org](mailto:portland@youthmovemaine.org) 207.740.5474 / FAX: 207.879.0128

**Lewiston:** [lewiston@youthmovemaine.org](mailto:lewiston@youthmovemaine.org) 207.699.9854 / FAX: 207.879.0128

**\*\* PLEASE SEND ALL REFERRALS VIA FAX ! THANK YOU**