



# Catholic Family Services

## Youth Mentor Referral Form

Youth: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/year)

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

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

Relation to Youth: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Ward Status (ie: Long term, temporary, etc) \_\_\_\_\_

Medical Information:

Medications: \_\_\_\_\_

Personal and Family Information (i.e.: custody status, abuse history, past trauma, current status of relationship with caregiver, etc):

Gang Involvement:    Yes        No        Possible

Details:

Behavioral History (i.e.: abuse, anger issues, extrovert/introvert, runs away, etc.):

Interests/hobbies (to make a good match):

Attitude towards having a mentor:

Highly Enthusiastic -----Very Reluctant

\*Please note that this is a voluntary program. Should the youth or any party request to no longer be involved, the request will be honored and the contract terminated. A corresponding child services contract must be in place before service will begin and must include two hours of administration work per month, a predetermined monthly expense allowance, and mileage allotment (typically 6 hrs/wk, \$75/month, 250km/month).