



Reach & Rise™ Youth Referral Form

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Please send referral form to:
Ebony Beshears
YMCA of Silicon Valley
3412 Ross Road, Palo Alto, CA 94303
650-856-4266 / ebony.beshears@ymcasv.org

Child Information:

Child's Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: DOB:	Address: City: Zip Code:
Parent/Guardian Name(s): Relationship to Child:	Address (if different from child):
Child's Home #: Child's Cell #:	Parent/Guardian Email:
Child's School: School City: Grade:	Child's Email:

Ethnicity (Optional): African American Caucasian Latino
 Asian Pacific Islander American American/Alaska Native Unknown Multi-Racial
 Other: _____

Language Spoken by Child: English Only Other (specify): _____ Both languages

Referral Information:

Name of Person Making Referral: Referral Date:	Agency/Program/Relationship to Child:
Phone #(s):	Best Way to be Contacted: <input type="checkbox"/> Home # <input type="checkbox"/> Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In Person
Best Times to be Contacted:	Email:

Family Information:

Child Lives With: Married Parents Unmarried Parents Single Parent
 Divorced Parents/Shared Physical Custody Step-Parent/Blended Family Foster Family
 Family Member _____ Other _____

Custody (if parents are divorced) who has 100% legal custody: Mother Father Joint (50%)

People Child Primarily **Lives With:**

Name	Relationship to Child	Age	Work / Cell Phone

Significant Others **Not** Living in Household:

Name	Relationship to Child	Age	Work / Cell Phone

Language Spoken By Parent: English Only Other (specify): Both languages

Are you a part of a Military Family? YES NO Type:

REFERRAL INFORMATION:

Reason(s) for Referral: (check all that apply)

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Positive Role Model | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Try New Activities | <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Gang Related | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Friendship Building | <input type="checkbox"/> History of Abuse | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> School Behavior | <input type="checkbox"/> Runaway | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Missing School | <input type="checkbox"/> Homeless | <input type="checkbox"/> Body Image | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Peer Conflict | <input type="checkbox"/> Arrests/Legal Issues | <input type="checkbox"/> Eating Issues | <input type="checkbox"/> Other: |

Describe the reason(s) for the referral to the mentoring program. Any recent changes with the child noticed? Any recent changes with child’s family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

What are some goals you think would be good for the child? What could improve the child’s life?

Is she/he on waiting list or enrolled in any other mentoring programs? Yes or No

Any mentor preferences? Male/female mentor (male mentors are only matched with male youth)? Specific ethnicity or cultural background?

What are the days and/or times child is available to meet weekly with a mentor?

Has this referral been discussed with the parent/guardian? (If made by someone other than parent/guardian)? If yes, when? What was their response/are they interested in having a mentor for their child?

Has this referral been discussed with the child? Is the child open to having a mentor?

What are the child's strengths? What is she/he good at? What are the child's hobbies/interests?

School Information: **What do the teachers say about the child? How are his/her grades? Are there behavior problems? Any previous SST Meetings? If yes, when? Does child have an IEP or 504 Plan? Ever been referred for special education?**

Peer Relationships: **How does child relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups child relates best with?**

Has family &/or child ever attended counseling? If yes, where? When? For what reasons?

Family History: **Any changes/stressors for child/family (moves, deaths, births, remarriage, separations/divorces, witness any accidents, trauma, domestic violence, etc.)? Who does child primarily live with? Any specific custody/visitation arrangements if parents are divorced/separated? Who is most actively involved with the child? What are relationships between family members like?**

Are there any specific cultural issues for child/family that would be helpful to know?

Any serious past or present medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for child or family?

Any history of substance use/abuse in family or with child? If yes, what kind? With what frequency?

Any history of child or family members with suicidal thinking or suicide attempts? If yes, when?

Any history of child or family members with history of self-harm? If yes, what & when?

Any arrests, convictions, encounters for the child or family members with the law? If yes, when & what happened? Any Probation Officers worked with the child? If yes, when? Is this ongoing?

Any Child Protective Services &/or Police involvement with the child and/or family regarding child's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)? If so, when? For What?

THIS SECTION IS FOR PROGRAM STAFF ONLY			
CONTACT LOG			
Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)			
Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify the sender or intended recipient immediately.

YMCA of Silicon on Valley

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/ or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

_____ / _____

Signature of Applicant / Date