# OAKLAND COUNTY YOUTH ASSISTANCE PROGRAM
# REFERRAL FORM

Oakland County
Strengthening Families Through Community Involvement

| Reason | Area | Staff |
|---|---|---|
| | | |

***PLEASE PRINT IN BLACK INK***

*Last* *First* *Middle*

*Sex* *Date of Birth* *Parent / Guardian Email*

*Address* *City* *Zip Code*

Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Multi-racial ☐

| | | | |
|---|---|---|---|
| | | | (w)<br>(h)<br>(cell) |
| *Mother's Name* | *Address* | *City and Zip* | *Phone*<br>(w)<br>(h)<br>(cell) |
| *Father's Name* | *Address* | *City and Zip* | *Phone*<br>(w)<br>(h)<br>(cell) |
| *Step-parent or Guardian (living with child)* | *Address* | *City and Zip* | *Phone* |

*Name of School* *Grade* *School District*

*Name of Local Youth Assistance Program*

**BRIEF DESCRIPTION OF REASON FOR REFERRAL *(use additional sheets if necessary)***

**●Upon acceptance of services, families will be assessed a $25 processing fee●**

Have other agencies or school services been involved? Yes ☐ No ☐
If yes, who?

Is parent aware of referral? Yes ☐ No ☐ Is youth aware of referral? Yes ☐ No ☐

Has parent been informed of processing fee? Yes ☐ No ☐

**Signature of Referring Person: /s/** _____ **Date:** _____
*(signature required)*
**Print Full Name of Referring Person:** _____

Address: _____ City and Zip Code: _____

Telephone: _____ Agency: _____

10/22/2020