

RUNAWAY AND YOUTH SERVICES (RAYS) REFERRAL FORM

Date: _____

Referred Client Information:

*First Name _____ MI _____ Last Name _____

*Gender _____ Race _____ Latino Non-Latino

*Parent/Legal Guardian: _____

*Current Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Client/Parent Email Address: _____

*Date of Birth _____ Age: _____

School: _____ Current Grade Level: _____

Referral Source: School _____ Self-Referral Parent

Police Dept. of _____ Officer _____

Other _____

Is the client being referred homeless or at risk of homelessness? Yes No

Does the client being referred have a history of running away? Yes No

Primary Reasons for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Pregnancy/STD/At-Risk Sexual Bx |
| <input type="checkbox"/> Problems at School | <input type="checkbox"/> Sexual Orientation/Gender Identity |
| <input type="checkbox"/> Problems with the Law | <input type="checkbox"/> Alcohol and/or Other Drug Abuse |
| <input type="checkbox"/> Housing/Homelessness | <input type="checkbox"/> Problems with Friends |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Running Away |

Additional Information: _____

Immediate Service Needs: Food Clothing Shelter Housing Other: _____

None

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I give my permission as this youth's guardian for this information to be given to the RAYS program

Signature _____

Date: _____