



**YOUTH REFERRAL FORM**

**Youth Criteria:** 1) ages 10-14; 2) non-violent offenders; 3) want a mentor and are willing to be physically active; 4) reside in Rochester or surrounding communities.

**REFERRING AGENCY INFORMATION**

Name of referring staff \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Your Agency: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Agency type: \_\_\_\_\_

**YOUTH INFORMATION**

Last name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_\_\_  
Age: \_\_\_\_\_ **(10-14 only)** Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Caregiver(s) Name: \_\_\_\_\_  
More than one parent involved Y/N Relationship to youth: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Youth's Primary Language: \_\_\_\_\_ Caregiver email: \_\_\_\_\_  
Caregiver's Primary Language: \_\_\_\_\_

**Ethnicity:**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Other Race                                 |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> White/Caucasian                            |
| <input type="checkbox"/> Hispanic or Latino (of any race) |   |

**Primary Enrollment Reason (only select one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Challenges              | <input type="checkbox"/> Living in high risk community |
| <input type="checkbox"/> Children of Incarcerated Parents | <input type="checkbox"/> Mental Health                 |
| <input type="checkbox"/> Family Stress/Risk               | <input type="checkbox"/> Sexual Exploitation           |
| <input type="checkbox"/> Homelessness                     | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Labor Trafficking                | <input type="checkbox"/> Truant/Dropout                |
| <input type="checkbox"/> Lack of Social Skills            | <input type="checkbox"/> Involvement in JJS            |

Other Enrollment Reason(s):

- Homelessness
- Involvement in JJS
- Labor trafficking
- Sexual exploitation
- Academic Challenges
- Lack of Social Skills
- Family Stress/Risk
- Living in high risk communities
- Children of Incarcerated Parents
- Mental Health
- Substance Abuse
- Truant/Dropout

Protective Factors:

- Family Involvement
- Academic Interest
- Strong Relational Skills
- Community Involvement
- Sense of Self-Efficacy

Target Populations:

- Youth who have experienced victimization
- American Indian/Alaska Native Youth
- Children of Incarcerated Parents
- Youth who Identify as LGBTQ
- Youth With Disabilities
- Youth in Rural Communities
- Youth Experiencing Labor Trafficking
- Youth Experiencing Homelessness
- Youth Experiencing Commercial Sexual Exploitation

**COMMUNITY AGENCY INFORMATION**

What other relevant community agencies does this youth work with?

**PROGRAM CONSENT**

Please initial beside each program requirement.

\_\_\_\_\_ The family has been informed of this referral.

\_\_\_\_\_ The youth has been informed of this referral.

\_\_\_\_\_ The youth and family are aware that this is a one year program.

\_\_\_\_\_ The youth will meet with their mentor 2-4 hours each week.

\_\_\_\_\_ The youth is aware of the requirements to attend 3 physical challenges, 3 fun physical activity nights, and 6 educational nights with Bolder Options.

## **PROGRAM CONSIDERATIONS**

In order to best match your youth with a mentor, please answer the following questions so that we may know a little bit more about them.

Why do you believe Bolder Options is a good fit for this youth?

What are this youth's interests and activities?

What emotional or physical behaviors should we be aware of with this youth?

When and why do these behaviors occur?

What are this youth's coping skills?

What aspects of Bolder Options is the youth excited about?

What aspects of Bolder Options is the youth wary of?

How does the youth plan to support the match?

How does the family plan to support a potential match in our program?

What is the best way to communicate with this youth and their family?

Other comments:

Please e-mail, mail or fax completed referral forms to: Bolder Options C/O Scott Robinson, Rochester Program Director  
2830 18th Ave NW, Rochester, MN 55901 Fax: (507) 216-6552  
Email: [scott.robinson@bolderoptions.org](mailto:scott.robinson@bolderoptions.org)

Thank you for your referral, feel free to contact us with any questions or concerns. Please copy this form for future referrals.