

**Legacy Project Referral**

Legacy #: \_\_\_\_\_\_\_\_\_\_\_\_\_ (office use only) Date:

Name of Participant being referred to the Legacy Project:

Returning Participant  New Participant

DOB: AGE: Gender:

ETHNICITY: RACE:

Hispanic

Non-Hispanic

Black/ African American

Caucasian

Asian

Native American

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person making referral: Relation to youth:

First and Last Name

D&N Case Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:

JD Case Number (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information for Supportive Professionals:**

**(Required, only if applicable)**

Caseworker:

CW phone:

CW email:

Probation Officer:

PO phone:

PO email:

Guardian ad Litem:

GAL phone:

GAL email:

CASA Volunteer:

Other:

**Areas of Need. Please rate each item 1=highest need, 9= lowest need.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Life Skills/Self-Sufficiency*** |  | ***Goal Planning*** |  | ***Employment Readiness*** |
|  | ***Emotional Support*** |  | ***Financial Literacy*** |  | ***Educational Support*** |
|  | ***Resource Navigation*** |  | ***Advocacy Opportunities*** |  | ***Peer Relationships*** |

**Participant Currently Lives With (Required):**

Name: Relationship:

Date of Placement (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: Cell:

Email (REQUIRED):

Address:

City: State: Zip Code:

**Education (Required):**

Participant is currently attending: Grade level:

**Medical and Safety Risk (Required):**

Safety Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Concerns:

**Emergency Contact (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family History/Dynamic (Required**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any Pertinent Information To Best Facilitate Appropriate Services/Support (Required) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If any section is left blank, please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit referral form to: Maggie Dawson

Lead Legacy Project Coordinator

Advocates for Children CASA

303-407-7827

Maggie\_Dawson@adv4children.org

***The Legacy Project will contact new referrals within one week of receiving completed form.***