## **Legacy Project Referral**

**Arapahoe County** 



ADVOCATES FOR CHILDREN

**Program Description:** The Legacy Project is designed to work with youth between the ages of 13 and 23 by assigning a volunteer mentor who works with the youth one-on-one. Legacy Project Mentors assist youth with acquiring life skills, goal setting, and resource navigation within the community. Mentors are assigned to youth for 12 months with the option of extending their time if the youth and Mentor both agree to continue working with each other. Ideally, the Mentor and youth will have weekly contact with the majority of their time together being in person.

**Note:** This is a voluntary program. Youth and legal guardians must consent to participating in the program and commit to working with a Mentor. Advocates for Children CASA will respect the wishes of the youth and family if they do not wish to participate.

LEGACY #:	_ (Office use only)			
PERSON MAKING REFERRAL:				
Name:	Date of Re	Date of Referral:		
Relationship to Youth:				
Phone:	Email: _			
	Please submit refe	ral form to:		
C	ASAinArapahoe@ad	v4children.org		
YOUTH BEING REFERRED FOR THE I	LEGACY PROJECT:			
Name:				
First			Last	
DOB:	Age:	Gender:	☐ Male	☐ Female
RACE:				
☐ American Indian or Alaska Native				
☐ Asian				
☐ Black or African American				
☐ Hispanic or Latino				
$\square$ Native Hawaiian/Pacific Islander				
☐ Two or More Races				
☐ White				

EDUCATION:				
Youth is currently attending	2.			
MEDICAL AND SAFETY RISH	<b>(</b> :			
☐ No Known Medical and	Safety Concerns			
Safety Concerns (Type as m	uch detail as necess	ary. Text will wrap):		
Allergies (Type as much det	ail as necessary. Tex	t will wrap):		
Medical Concerns (Type as	much detail as neces	ssary. Text will wrap):		
EMERGENCY CONTACT (Re	quired):			
Name:		Phone: _		
Relationship to Youth:				
YOUTH'S LEGAL GUARDIAN	N <i>:</i>			
Name:		Phone:		
Relationship to Youth:		Email:		
Address:				
City:	County:	State:	Zip Code:	
PERSON WITH WHOM YOU	JTH CURRENTLY LIVI	<b>ES</b> (if different than Legal (	Guardian):	
Name:		Phone:		_
Relationship to Youth:		Email:		_
Address:				
City:	County:	State:	Zip Code:	
Date of Placement (If applie	cable):			
CURRENT CASES (if applica	ble):			
D&N Case Number:		County:		
JD Case Number:		County:		
Truancy Case Number:		County:		

CASEWORKER ASSIGNED:	Ph. #	
Email address:		
GUARDIAN AD LITEM:	Ph. #	
Email address:		
PROBATION OFFICER:	Ph. #	
Email address:		
OTHER SUPPORT:	Ph. #	
Email address:		
AREAS OF NEED (Please assign a no		
Sufficiency	Goal Planning	Employment Readiness
Emotional Support	Financial Literacy and Stability	Educational Support
Resource Navigation	Advocacy Opportunities	Peer Relationships
<b>YOUTH HISTORY AND INFORMATIO</b> Details the Youth feels comfortable help us know them better ( <i>Type as</i>	sharing regarding family history o	_
Details the Youth feels is important and will provide the best support to		_
INCOMPLETE SECTIONS: If any section is left blank, please ex	xplain (Type as much detail as nec	essary. Text will wrap):