

Foundations Program Referral

Arapahoe County



Program Description: *The Foundations Program is designed to support young adults between the ages of 18 and 24 by assigning a volunteer mentor who works with the youth one-on-one. Foundations Mentors will work alongside the youth as they acquire life skills, increase financial literacy, and set goals while benefitting from Foster Youth to Independence (FYI) housing vouchers and the Financial Literacy & Equity Exchange (FLEX) project. Mentors are assigned to youth for 18 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 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 if they do not wish to participate.*

FOUNDATIONS #: _____ (For office use only)

PERSON MAKING REFERRAL:

Name: _____ Date of Referral: _____

Relationship to Youth: _____

Phone: _____ Email: _____

Please submit referral form to:
CASainArapahoe@adv4children.org

YOUTH BEING REFERRED FOR THE FOUNDATIONS PROGRAM:

Name: _____
First Last

DOB: _____ Age: _____ Gender: Male Female

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

RACE:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- Two or More Races
- White

CASA Advocates for Children
16965 Pine Lane, Suite 120 * Parker, Colorado 80134
Tel: 303-695-1882 * www.adv4children.org

EDUCATION (Required, only if applicable):

Youth is currently attending: _____

MEDICAL AND SAFETY RISK:

No Known Medical and Safety Concerns

Safety Concerns (Type as much detail as necessary. Text will wrap):

Allergies (Type as much detail as necessary. Text will wrap):

Medical Concerns (Type as much detail as necessary. Text will wrap):

EMERGENCY CONTACT (Required):

Name: _____

Relationship to Youth: _____

Phone: _____

CONTACT INFORMATION FOR YOUTH’S SUPPORT PEOPLE (Required, only if applicable):

Name: _____

Name: _____

Relation to Youth: _____

Relation to Youth: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Name: _____

Name: _____

Relation to Youth: _____

Relation to Youth: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

AREAS OF NEED (Please assign a number to each category, 1=highest need, 9=lowest need.):

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

YOUTH HISTORY AND INFORMATION:

Details the Youth feels comfortable sharing regarding family history or other background information to help us know them better: *(Type as much detail as necessary. Text will wrap.)*

Details the Youth feels is important for us to know, so we can match a mentor to them that is a good fit and will provide the best support to the Youth: *(Type as much detail as necessary. Text will wrap.)*

INCOMPLETE SECTIONS:

If any section is left blank, please explain: *(Type as much detail as necessary. Text will wrap.)*
