

Legacy Project Referral

Douglas, Elbert, & Lincoln Counties



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 Referral: _____

Relationship to Youth: _____

Phone: _____ Email: _____

Please submit referral form to:
CASAinDEL@adv4children.org

YOUTH BEING REFERRED FOR THE LEGACY PROJECT:

Name: _____
First Last

DOB: _____ Age: _____ Gender: Male Female

RACE:

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

EDUCATION:

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: _____ Phone: _____

Relationship to Youth: _____

YOUTH'S LEGAL GUARDIAN:

Name: _____ Phone: _____

Relationship to Youth: _____ Email: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

PERSON WITH WHOM YOUTH CURRENTLY LIVES *(if different than Legal Guardian):*

Name: _____ Phone: _____

Relationship to Youth: _____ Email: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Date of Placement *(If applicable):* _____

CURRENT CASES *(if applicable):*

D&N Case Number: _____ County: _____

JD Case Number: _____ County: _____

Truancy Case Number: _____ County: _____

CONTACT INFORMATION FOR SUPPORT PROFESSIONALS *(Required if applicable):*

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 number to each category, 1=highest need, 9=lowest need.):*

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

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):*
