



Teens with Promise, 5775 N. Academy Blvd. Colorado Springs, CO 80918, PH. 719-266-0106

Professional Referral 2018/2019

Return by Fax: 1-866-853-4463

Please answer all questions, incomplete applications may be denied.

Please print clearly

Referring Agency: _____ **Date** _____

Youth's Name _____ D.O.B. _____ Sex M / F

Youth's Name _____ D.O.B. _____ Sex M / F

Address _____

Home Phone Number _____ School Attending _____

GPA _____ Grade 6 7 8 9 10 11 12 Days missed from school in the prior 90 days _____

Guardian's Name _____ **Guardian Contacted?** YES NO

Who should be contacted for appointment? _____ Phone _____

Is the youth currently involved in one or more legal services? YES/ NO

If yes, please explain _____

Does youth qualify for free and reduced lunch? YES/ NO

Is there involvement with DHS? YES/ NO Is the child in Foster Care or a Group Home? YES/NO

Is child involved with other social service providers such as; Urban Peak, mental health services, homeless shelter, group home, Dale House, etc.

Medicaid/Insurance? YES/ NO Other Health Insurance? YES/NO Dental Insurance? YES/NO

If yes, please explain _____

PLEASE EXPLAIN REQUEST:

Referring Agency Contact Person

Phone Number