



# 2018

## Child Referral Form

Referring Agency: \_\_\_\_\_ Person Referring: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Name: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: Male / Female  
CIRCLE ONE

Child's School & Grade \_\_\_\_\_

Has the Child Previously Participated in Shop with a Cop? \_\_\_\_\_

Child's Parent/s or Guardian Name(s): \_\_\_\_\_

Address (full address with zip code): \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Child's school & Grade: \_\_\_\_\_  
\_\_\_\_\_

Child's siblings (PLEASE LIST THE AGE AND GENDER OF EACH SIBLING):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for referral: (Please include any financial or social circumstances that would make this child a good candidate to spend a few hours with a law enforcement officer and receive funds for Christmas shopping):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any behavioral or special needs. Has this child been in trouble with the law?

\_\_\_\_\_

We will be evaluating several referrals, please do not advise the child or family that they have been "selected" to participate in this year's Shop With a Cop. We will contact the families of the children selected approximately one week before the event. Thank you.

**PLEASE RETURN FORM BY NOV.26<sup>th</sup>, 2018 TO: Monica Kuhl, CWPD**

(You may also return it to the officer that presented it.)

199 s. 6<sup>th</sup> Street

Cottonwood, AZ 86326

PHONE: (928)295-7213

[mkuhl@cottonwoodaz.gov](mailto:mkuhl@cottonwoodaz.gov)

This year's event will take place Saturday December 15, 2018