



# Youth Engagement Referral Form

Oak Park Township Youth Services  
105 S. Oak Park Avenue | Oak Park, IL 60302  
Phone: 708-445-2727 | Fax: 708-383-8062  
Email: youth@oakparktownship.org

Date: \_\_\_\_\_

## Primary:

**Mentoring**      **Anxiety/Depression**      **Behavioral Issues**      **Crisis/Trauma**      **Gang Involvement**

## Secondary:

**Anxiety/Depression**      **Behavioral Issues**      **Crisis/Trauma**      **Gang Involvement**

Referrer's Name: \_\_\_\_\_

Referrer's Agency: \_\_\_\_\_ Referrer's Phone: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Referrer's Email: \_\_\_\_\_

## YOUTH INFORMATION

Client Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Information: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_    Alteternative: (\_\_\_\_)-\_\_\_\_-\_\_\_\_    Alternative 2: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email(s): \_\_\_\_\_

Has guardian been notified of referral      Yes      No, If no, why: \_\_\_\_\_

**REASON FOR REFERRAL (if necessary, attach an additional sheet or back) :**

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

**Diagnosis (if known):** \_\_\_\_\_