



Youth Engagement Program Referral Form

Oak Park and River Forest Township Youth and Family 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: (____) - ____ - ____ Alternative: (____) - ____ - ____ Alternative 2: (____) - ____ - ____

Email(s): _____

Has the guardian been notified of referral Yes No If no, why: _____

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

Diagnosis (if known): _____

Location of Services

School* Township Office In Home Other: _____

*For school staff, please provide available space for session: _____