Youth Intervention 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: smarx@oakparktownship.org

REFERRAL INFORMATION

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

REASON FOR REFERRAL (if necessary, attached an additional sheet or use back)

_____

_____

_____

_____

_____

_____

_____

_____

Diagnosis (if known): _____

For Internal Use Only

Case Interventionist: _____ Assignment date: _____

Date Guardian Contacted: _____ Date Client Contacted: _____

□ Phone □ Email □ In person □ Phone □ Email □ In person