

STAY TOGETHER REFERRAL FORM

Youth's name: _____

Age: _____ Date of birth: _____ Sex: Male / Female

Parent's name: _____

Physical address: _____

Mailing address: _____

City: _____ County: _____ Zip: _____

Phone # Home: _____ Work: _____ Cell: _____

ETHNIC GROUP:	Am Indian/AK Native _____	Asian/Oriental _____	Black _____
	Black/White/Hispanic _____	White/Hispanic _____	White _____
	Other/Hispanic _____	Black/Hispanic _____	Other _____

PERSON MAKING REFERRAL: _____ Relationship to youth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

REFERRAL SOURCE:	Self (child)	Parental figure	Friend/Relative	Provider Agency Staff
	School	Protective services	Texas Youth	Law Enforcement
	JPD	Clergy/Church	MHMR	other private agency
	Court referred	other youth agency	other hotline	

SCHOOL STATUS:	Attending regularly	Attending- some truancy	Suspended
	Expelled	Parents withdrawn	Alt School/GED
	Dropped out	School not in session	under School age
	Graduated HS	Completed GED	

Of children in the home: _____ Primary language: _____

Where is youth Living?	Biological or adoptive parents _____	Legal guardian _____
	Relative's home _____	Unstructured sub care (friends, etc.) _____
	Psychiatric hospital _____	Structured sub care _____
	Secure facility detention center _____	Street _____
	No stable living environ _____	Living independently _____
	Transferred from another shelter _____	

Comments: _____

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