

REFERRAL FOR SERVICES

DATE: _____

CLIENT NAME: _____ GENDER: _____ D.O.B _____

SIBLINGS? YES NO UNSURE Names/ages: _____

ADDRESS: _____

GUARDIAN NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ WORK NUMBER: _____

*Is either Parent currently incarcerated or pending incarceration? _____

TEACHER/STAFF MAKING REFERRAL: _____

DATE THE PARENT/GUARDIAN WAS NOTIFIED OF THE REFERRAL: _____

SCHOOL: _____ CHILD'S GRADE: _____

PHONE: _____ EMAIL: _____

The referred child/ren would benefit from being enrolled in the following program(s):
(refer to our website for details on the programs we have to offer) www.bigbrobigsis-shelbydarke.org

- ___ Community Base Program Mentoring
- ___ Shelby County or Darke County Big Buddies After School Mentoring (K-4th)
- ___ Jackson Center Lunch Buddies
- ___ High School Career Quest Mentoring (9th-12th) *Must be enrolled in the Shelby County Opportunity School

BRIEF DESCRIPTION OF CLIENT NEEDS/REASON FOR REFERRAL:

Upon completion in *Darke County*: SCAN/EMAIL TO becca@bigbrobigsis-shelbydarke.org
Upon completion in *Shelby County*: SCAN/EMAIL TO mandi@bigbrobigsis-shelbydarke.org

or MAIL TO P.O. Box 885 Sidney, OH 45365 for either county