

OUTREACH REFERRAL FORM

Send to:
Youth Service Bureau of Illinois Valley
424 W. Madison; Ottawa, IL 61350

Today's Date: _____

Time of Crisis or Referral: _____

Date Which Parent Was Notified of YSB Referral: _____

Child's Name: _____

Date of Birth: _____ School: _____ Grade: _____

Child's Parents: _____

Address: _____

Phone Home: _____ Work: _____

Referral Source: _____ Name: _____

Phone: _____

Referral Reasons (please check all that apply)

- | | | |
|-----------------------------------------------|--------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Poor Grades | <input type="checkbox"/> Parents Supervision Problem | <input type="checkbox"/> Drug Problem |
| <input type="checkbox"/> Tardy/Skipping | <input type="checkbox"/> Family Violence/Abuse | <input type="checkbox"/> Alcohol Problem |
| <input type="checkbox"/> Conflict w/Peers | <input type="checkbox"/> Step-Parent Difficulty | <input type="checkbox"/> Conflict w/Parents |
| <input type="checkbox"/> Self-Control Problem | <input type="checkbox"/> Self-Expression, Appearance Problem | |

Other: _____

Please Comment and Include Your Knowledge of the Severity and Duration of the Problem(s):

Services You or Your Organization Have Provided: _____

YSB Services You Feel Can Make an Impact: _____

How Often Do You Wish to be Contacted by the YSB Worker During YSB Service Delivery?
