

## Youth Resource Center (YRC) Drop In Center Referral Form

Reason for Referral:	Is this Youth in Foster Care?	Is this Youth linked to the justice system?
<ul><li>☐ Current/Previous Exploitation</li><li>☐ High Risk</li></ul>	□ Yes □ No	□ Yes □ No
Youth Information		
Full Name:		
Contact Phone Number(s)/Email Add		
Parent/Legal Guardian Full Name:		
Parent/Legal Guardian Phone Number		
Current Address:		<del></del>
Date of Birth:/		
Current Age:		
Where is the youth currently living?: _		
Check risk factors that apply to this		
Run away from home 4+ times in Involvement with CPS (removal/Been arrested or in juvenile determined Homeless (repeated instances) Struggled with substance abuse Have been abused (physical, vehigh risk behaviors (talking to strown Know people who have been in Have had people in their family what Have been in the commercial sex	ongoing)/Foster Care ntion  (repeated) erbal, emotional, sexual) by their angers online, exchange of exp the commercial sex industry (so	olicit material for something of value) tripping, prostitution, etc) ustry
Referral Source Information		
Referring Person's Name:		Date of Referral:/
Agency or Relationship to Youth:		
Referring Person's Contact Number &	د Email Address:	
NOTIFY DCAC COORDINATOR AT	HRY@DCAC.ORG WHEN SE	NDING REFERRAL
Is there any <i>active</i> Law Enforcement( If yes, please provide LE/CPS Official (	(LE) or CPS investigation with thi	is youth? 🛘 Yes 📘 No
LE/CPS Contact Name, Phone Number	er, and Email Address:	
Investigation Reason & Date:		

How did Youth come into contact with Referral Source?:

Reason for referral (please provide any additional details):

Please scan and email to <a href="mailto:yrc@newfriendsnewlife.org">yrc@newfriendsnewlife.org</a> If in need of assistance, please call the YRC main line at 214-605-1787.