Family and Youth Peer Support Services Referral Form

GLOW Family and Youth Peer Support, Peer Navigator, Family Resiliency

Thank you for completing this form in its entirety, we are unable to process incomplete forms and will return the form if it is incomplete.

Name of Youth (last, first): **DOB of Youth:** **Gender:** **Gender Identity:** **Phone Number:** **Youth Address:** **County of Residence:** **Zip Code:**		
Ethnicity: ☐ Hispanic ☐ Non- Hispanic/Non- Latino **Race**: (e.g. African Amer./ Black, Amer. Indian, Asian/Pacific Islander, Caucasian, Multi-Racial) **Language:**	**Program Referred To:** **Date of Referral**: **Referring Agency/ Org. :**	**Referral Contact Name**: **Phone Number:** **Email:**
Where does the youth currently reside? Specify Other:		
Name of Custodian/Caregiver: **Caregiver DOB**: **Relationship to Client:** **Phone #**: **Street Address** (if different than youth): **Name of Caregiver** (if not Legal Guardian): **Caregiver DOB**: **Relationship to Client:** **Phone #**: **Street Address** (if different than youth): **Caregiver email address**		
Youth Insurance Type:		
Primary Reason for Referral / Safety Concerns / Behavioral Concerns / Other Comments:		
Primary Diagnosis Description:		**Primary Diagnosis Axis Code:**
Diagnosed by:		**Date Diagnosed:**
Does youth have a current Therapist / Clinician ☐ Y ☐ N If YES, Name/Agency and Contact Information:		
School District and School Name:		
Special considerations / Preferences / Hours / Availability:		

Please submit all referral documentation via email to Referrals@hillside.com

Thank you, we look forward to partnering with you.