



## Youth Referral Form

All referral sources must **call ahead** to inquire about program availability.  
**Youth Criteria:** 1) ages 10-14; 2) non-violent offenders; 3) want a mentor and are willing to be physically active; 4) reside in Minneapolis or St. Paul.

### YOUTH INFORMATION

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ (**10-14 only**) Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Primary Language: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

### REFERRING AGENCY INFORMATION

Name of referring staff \_\_\_\_\_

Position/Title: \_\_\_\_\_

Your Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Agency type: \_\_\_\_\_

### COMMUNITY AGENCY INFORMATION

*What other relevant community agencies does this youth work with?*

Agency	County Probation	Child Protection	Mental Health	Other
Comments				

### PROGRAM CONSENT

*Please initial beside each program requirement.*

\_\_\_\_ The family been informed of this referral.

\_\_\_\_ The youth has been informed of this referral.

\_\_\_\_ The youth and family are aware that this is a one year program and that youth will meet with their mentor 2-4 hours each week.

\_\_\_\_ The youth is aware of the requirements to attend 3 physical challenges, 3 fun physical activity nights, and 6 educational nights with Bolder Options.

**ACADEMIC INFORMATION**

*\*\*Along with this referral, please attach the youth's most current attendance record\*\**

Current school			
Grade Level:			GPA:
MCA Scores	Reading:	Math:	Science:
What are the youth's academic strengths?			
What are the youth's academic weaknesses?			
Who does the youth go to in school for support? How often?			
School support name and contact information:			

**PROGRAM CONSIDERATIONS**

*In order to best match your youth with a mentor, please answer the following questions so that we may know a little bit more about them.*

**Why do you believe Bolder Options is a good fit for this youth?**

**What are this youth's interests and activities?**

**What emotional or physical behaviors should we be aware of with this youth? When and why do these behaviors occur?**

**What are this youth's coping skills?**

**What aspects of Bolder Options is the youth excited about?**

**What aspects of Bolder Options is the youth wary of?**

**How does the family plan to support a potential match in our program?**

**Other**

Please mail or fax completed referral forms to:  
Bolder Options  
C/O Sarah Schaefer, Mentoring Program Manager  
2100 Stevens Ave S  
Minneapolis, MN 55404  
Tel: (612) 240-5243 Fax: (612) 234-4710  
[sarah.schaefer@bolderoptions.org](mailto:sarah.schaefer@bolderoptions.org)

Thanks for your referral, feel free to contact us with any questions or concerns.  
*Please copy this form for future referrals*