



Youth Horizons

1601 E. Douglas ~ Wichita, KS ~ 67211 ~ Office (316) 262-8293

**YOUTH HORIZONS MENTORING
REFERRAL FORM**

Date of referral: _____ Male Female
 Name of Child: _____ Birth Date: _____
 Parent/Guardian: _____ Phone: _____
 Address of Child: _____
 Person Making Referral: _____ Phone: _____
 Referral Agency Name: _____

How did you become familiar with Youth Horizons? _____

REASON FOR REFERRAL (list all that apply)

- | | | |
|---|---|------------------------------------|
| Withdrawal <input type="checkbox"/> | Poor Hygiene <input type="checkbox"/> | Stealing <input type="checkbox"/> |
| Lying, cheating <input type="checkbox"/> | Obesity <input type="checkbox"/> | Profanity <input type="checkbox"/> |
| Sexually active <input type="checkbox"/> | Hyperactivity <input type="checkbox"/> | Apathy <input type="checkbox"/> |
| Parental Conflict <input type="checkbox"/> | Court Involvement <input type="checkbox"/> | Alcohol <input type="checkbox"/> |
| School Performance <input type="checkbox"/> | Emotional Problems <input type="checkbox"/> | Nicotine <input type="checkbox"/> |
| Sexual Issues <input type="checkbox"/> | Social Problems <input type="checkbox"/> | Drugs <input type="checkbox"/> |

RACE

- | | | |
|--|---|-----------------------------------|
| Caucasian <input type="checkbox"/> | African-American <input type="checkbox"/> | Hispanic <input type="checkbox"/> |
| American Indian <input type="checkbox"/> | Asian <input type="checkbox"/> | Other <input type="checkbox"/> |

IMPORTANT INFORMATION (please confirm and check off)

- The child I am referring wants to have a mentor and is between the **ages of 4 - 14**
- The parents/guardians of the child I am referring want mentoring for their child.
- I understand that it may take **6 - 12** months to find a mentor for my child.
- I understand that this child is **not eligible** for mentoring if he or she has a mentor through another mentoring program (**big brothers/big sisters, etc.**)
- I understand that this child must be in the Wichita area for at least the next year in order to be matched with a mentor.
- I understand that an interview will occur before the match takes place.
- I, and the parents/guardians of the child I am referring, understand that Youth Horizons is a non-denominational Christian organization.
- I understand that this child must not have a father actively involved to be eligible.

Is biological mother involved? Yes No
 Is biological father involved? Yes No
 Does this child have a parent in prison or on parole? Yes No

Briefly describe why this child would benefit from having a mentor: _____

