



## Mentor Program—Referral Form for Orange County Social Services and Deputy Probation Officers

Referral Submitted By: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Youth Name:</b>		<b>Date of Birth:</b>		<b>Age:</b>	
<b>Length of time in dependency:</b>		<b>Number of placements</b>			
<b>Foster Parent/Caregiver:</b>		<b>Contact #:</b>			
<b>Youth's Address:</b>		<b>City/Zip</b>			
<b>Current Placement Type:</b>		<b>CASA:</b>			
<b>Educational Status (Grade and School):</b>					
<b>IEP/ Special Education</b> <b>Yes or No</b>		<b>If yes, please describe the youth's learning disability.</b>			
<b>Does the youth have children?</b>		<b>Yes or No, Name(s)/Age(s):</b>			
<b>Relevant Family History:</b>					

<b>Why do you feel this youth would benefit from a mentor?</b>
<b>Please describe his/her personality and/or attitude:</b>
<b>Relevant Mental Health History ( including diagnosis, medication, hospitalizations and current therapy services):</b>
<b>Emergency Contact &amp; Phone:</b>

**Please return to:**  
 Mentor Program Coordinators  
 Orangewood Foundation, 1575 East 17<sup>th</sup> Street, Santa Ana, CA 92705 Phone:  
 (714) 619-0200 Fax: (714) 796-2140