Youth Prevention Program
Youth/Adult Referral and Follow-up Form

Make copies of form for multiple referrals/follow-ups.

Referral # ____

Referred to:	
Address of referral location:	
Email/web address for referral:	
Reason for referral:	
Contact name for referral:	
Contact Phone #:	
Contact email:	
Referral Date:	
Expected follow-up date:	

Prevention Specialist(s) Name (Print):

Prevention Specialist(s) Name (Signature): _____

Date:

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Referral # ____ **Successful referral?** ☐ Yes ☐ No

Actual follow-up date:	
Follow-up completed:	☐ In-person ☐ Not completed *(document attempts in the "comments" section below)*
Participant ***presented for service*** at referral source: ☐ Yes ☐ No. If *no,* please select from the following: ☐ Transportation problems ☐ Did not want to present for services/changed mind ☐ Parents not available to accompany participant ☐ Other reason:	
Comments/Additional Referrals *(if applicable)*:	

Prevention Specialist(s) Name (Print):

Prevention Specialist(s) Name (Signature): _____

Date: