



**Bridges Mentoring Program**  
P.O. Box 131  
Osage, IA 50461  
641-732-3566

## Youth Referral Form

Child's Name: \_\_\_\_\_  
Date of Intake: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact (name & phone):

Names of others in the home & relationship with youth:

Special interests, hobbies, activities that the youth enjoys:

As of today, on a scale of 1-10, 10 being high, how would you rate you child in the following areas?

SELF-CONFIDENCE:

SCHOOL PERFORMANCE:

RELATIONSHIPS WITH FAMILY:

RELATIONSHIPS WITH PEERS:

Other information about the youth and/or family (strengths, concerns, problems) that would be helpful for us to know: