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LaVendee Fulton, Peckham Inc. RAMP Mentoring Specialist

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YOUTH PARTICIPANT REFERRAL FORM

Name of Youth: _____ DOB/Age: _____

Authorized Person/Agency Making Referral: _____ Date: _____

Referral Person's phone & email: _____

Please check all that apply to the youth you are referring:

- | | |
|---|---|
| <input type="checkbox"/> Value for career-focused learning | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Interest in personal growth & goal setting | <input type="checkbox"/> Drug or alcohol abuse |
| <input type="checkbox"/> Able to work cooperatively in small groups | <input type="checkbox"/> Receiving or in need of Mental Health Services |
| <input type="checkbox"/> Aged 13-17 years (must be under age 18 throughout core program) | |
| <input type="checkbox"/> Has a disability/challenge: _____ | |
| <input type="checkbox"/> At-risk of becoming or involved with Juvenile Justice; Offense status: _____ | |
| <input type="checkbox"/> IEP Behavior Plan | <input type="checkbox"/> Disciplinary Incidents |
| <input type="checkbox"/> Low Math Skills | <input type="checkbox"/> Low Reading Skills |

Where is the youth currently residing?

Home Other: _____

- **Proof of date of birth required** (school record, IEP assessment, birth certificate). Additional helpful documents: disability documentation and juvenile court status/court record.
- Please feel free to attach any comments or additional information you believe would benefit RAMP's consideration of your youth's referral to the program.
- **Fax this completed referral** to Peckham RAMP Specialist La Vendee Fulton at **517.316.4019** or **517.703.9266**. Thanks!