

**Community Missions, Inc.
Onesimus House
Other Referral**

Date of Referral: _____

Source of Referral: _____

Contact Person initiating Referral: _____

Contact Information: _____

Name of Youth: _____

D.O.B. _____ Age: _____ Gender: _____

Youth Telephone: _____

Circumstances for Referral: _____

Where is youth living now? _____

If not at home, is youth able to return home? _____

Identify School Placement: _____

Guidance Counselor: _____

History of Drug/Alcohol Issues: Yes _____ No _____

If "Yes" Please explain: _____

Pending Court Issues: Yes _____ No _____

Please explain: _____

Other Service providers involved: _____

Does youth know Referral is being made? Yes _____ No _____