

# Referral and Consent Form



Date \_\_\_\_\_

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Or Institution \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## MINISTRIES REQUESTED

- |  |   |
|--|---|
| <input type="checkbox"/> Basketball Leagues                        | <input type="checkbox"/> Boys to Men-Non Custodial Fathers                              |
| <input type="checkbox"/> College Enrichment Program                | <input type="checkbox"/> Community Service Activities- DJJ ( Community Service Program) |
| <input type="checkbox"/> Counseling- Individual and Family         | <input type="checkbox"/> Court Advocacy Program   |
| <input type="checkbox"/> Education-GED Program                     | <input type="checkbox"/> Job Placement Program  |
| <input type="checkbox"/> Mentor Program- Role Modeling             | <input type="checkbox"/> Summer Enrichment Program                                      |
| <input type="checkbox"/> Tutoring Program                          | <input type="checkbox"/> Virtuous Woman Awareness Program                               |
| <input type="checkbox"/> Vocational and Career Enhancement Program |   |

The **E.A.R.S.** Youth Enrichment Ministry provides services to the youth and family on a voluntary basis. The **E.A.R.S.** ministry staff expects full cooperation between youth and parent/ guardian. Therefore, I parent/guardian hereby authorize The **E.A.R.S.** Youth Enrichment Ministry to advocate for my child and family. I hereby authorize the release of information and waive the **E.A.R.S.** Youth Enrichment Program from all liability. All information received by the E.A.R.S. Youth Enrichment Ministry will be held confidential.

\_\_\_\_\_  
Parent Or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
E.A.R.S. Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Agency

\_\_\_\_\_  
Date