



NorthStar Learning Centers, Inc.

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## Referral Form

### Participant's Information

New

Returning

Date of referral: \_\_\_\_\_

Name of referring agency/school: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name and title of person making the referral: \_\_\_\_\_

Referring to what program:  kinship  Family Visitation  FASE  TOS  LS  Boys to Men  SCHOONER  ELL  Gun Violence

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male  
*Last First*

Home address: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Education Information

Is participant enrolled in school?  YES  NO If so, name of school: \_\_\_\_\_

IEP:  Yes  No - If yes, please describe the challenges? \_\_\_\_\_

Adjustment Counselor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is participant involved with the court?  YES  NO If so, name of probation officer: \_\_\_\_\_

Briefly describe the reason for the referral: \_\_\_\_\_

### To be completed by NorthStar Learning Centers:

Assigned staff: \_\_\_\_\_ Program name: \_\_\_\_\_

First contact date: \_\_\_\_\_

Start date: \_\_\_\_\_