



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Group Mentoring Youth Referral Form

Please send referral form to:

Becky Cross Community Engagement Director
(P)770-423-9622 Ext. 6411, (E)beckyc@ymcaatlanta.org

REFERRAL DATE: _____

Child Information:

Child's Name: _____ Gender: ☐ M ☐ F Age: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name(s): _____ Relationship to Child: _____

Address (if different from child): _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Child's School: _____ School City: _____ Grade: _____

Ethnicity (Optional): ☐ African American ☐ Caucasian ☐ Latino _____

☐ Asian _____ ☐ Pacific Islander _____ ☐ American American/Alaska Native

☐ Unknown ☐ Multi-Racial ☐ Other: _____

Language Spoken by Child: ☐ English Only ☐ Other (specify): _____ ☐ Both languages

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____

Agency/Program/Relationship to Child: _____

Phone #(s): _____ Email: _____

Best Way to be Contacted: ☐ Home # ☐ Cell # ☐ Work # ☐ Text ☐ Email ☐ In Person

Best Times to be Contacted: _____

Family Information:

Child Lives With: ☐ Married Parents ☐ Unmarried Parents ☐ Single Parent

☐ Divorced Parents/Shared Physical Custody ☐ Step-Parent/Blended Family ☐ Foster Family

☐ Family Member _____ ☐ Other _____

Custody (if parents are divorced) who has 100% legal custody: ☐ Mother ☐ Father ☐ Joint (50%)

☐ Incarcerated Family Member _____

People Child Primarily Lives With:

Name	Relationship to Child	Age	Work / Cell Phone

Significant Others Not Living in Household:

Name	Relationship to Child	Age	Work / Cell Phone

Language Spoken By Parent: ☐ English Only ☐ Other (specify)_____ ☐ Both languages

Are you a part of a Military Family? ☐ YES ☐ NO Type: _____

Has a Child Protective Referral ever been made? ☐ YES ☐ NO (if yes, add details below)

REFERRAL INFORMATION:

Reason(s) for Referral: (check all that apply and provide example(s))

- | | |
|-----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Social Skills _____ | <input type="checkbox"/> Emotional Support _____ |
| <input type="checkbox"/> School Behavior/Engagement _____ | <input type="checkbox"/> Mental Health _____ |
| <input type="checkbox"/> Family Relations _____ | <input type="checkbox"/> Violence/Trauma _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Describe the reason(s) for the referral to the group mentoring program. Any recent changes with the child noticed? Any recent changes with child's family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

What are some goals you think would be good for the child? What could improve the child's life?

Describe the child: (shy, outgoing, disruptive,...)

Peer Relationships: How does child relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups child relates best with?

Would the child benefit from a mix gender group with mix gender mentor facilitators or from a group with same gender group and same gender mentor facilitators?

What are the days and/or times child is available to meet weekly with a group?

Has this referral been discussed with the child & parent/guardian? (If made by someone other than parent/guardian). If yes, when? What was their response/are they interested in having the child participate in group mentoring?

Family History: Any changes/stressors for child/family (moves, deaths, births, remarriage, separations/divorces, witness any accidents, trauma, domestic violence, etc.)? Who does child primarily live with? Any specific custody/visitation arrangements if parents are divorced/separated? Who is most actively involved with the child? What are relationships between family members like?

Are there any specific cultural issues for child/family that would be helpful to know?

Any serious current medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for child or family?

Any history of substance use/abuse in family or with child? If yes, what kind? With what frequency?

Any history of child or family members with suicidal thinking or suicide attempts? Self-harm? If yes, when?

Any arrests, convictions, encounters for the child or family members with the law? If yes, when & what happened? Any Probation Officers worked with the child? If yes, when? Is this ongoing?

Any Child Protective Services &/or Police involvement with the child and/or family regarding child's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)? If so, when? For what?

THIS SECTION IS FOR PROGRAM STAFF ONLY			
CONTACT LOG			
Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)			
Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained on this document is protected and confidential. This document is intended for use by an authorized employee or agent of the YMCA. Any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify the sender or intended receipt immediately.



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Reach & Rise®

Frequently Asked Questions

This is for you to keep, you do not need to submit it with your application.

WHY WAS THE MENTORING PROGRAM CREATED?

- Reach & Rise mentoring program was established to serve the needs of young people not being met by existing mental health services.
- To offer over-stressed families a resource to help meet their children's needs.
- To provide youth with positive, growth-inducing relationships with adults through mentoring.
- To make a difference in a child's life.

WHAT TYPE OF YOUTH DOES THE PROGRAM SERVE?

- Youth ages 9-17.
- Young people experiencing challenges with low self-esteem, poor academic progress, peer difficulties, family conflict and/or poor decision making, for example.
- Youth from a wide range of ethnic diversity and socio-economic backgrounds.
- Youth encompassing a variety of family backgrounds: intact families, single-parent families, blended families, foster homes, and/or grandparent or other relative-headed families.

HOW ARE YOUNG PEOPLE REFERRED TO THE PROGRAM?

- From school counselors, teachers and principals.
- From community agencies such as social welfare and counseling agencies.
- From YMCA Programs
- From the YMCA community, friends, family, and/or self-referrals.
- All referrals to Reach & Rise go through an application process and an initial telephone and/or face-to-face screening with the Program Director. This process helps determine whether or not each child is appropriate for the program. Those children assessed to have mental health problems not appropriate for our program will be referred elsewhere. The types of issues not likely to be handled by our mentors include: acute depression, homicidal or suicidal behavior, drug/alcohol dependence, and violent behavior.



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WHO ARE THE MENTORS?

- Volunteers from the local community who wish to make a positive impact on young people.
- Adults ages 23+
- Adults from varied cultural, educational and professional backgrounds.
- Mentors are often recruited within the YMCA membership, community agencies, local corporations and universities.

WHAT IS EXPECTED OF MENTORS?

- Mentors fill out a volunteer application and speak with the Program Director for an initial screening.
- Mentors commit to spending 1-3 hours once a week with a youth for one year.
- Mentors will complete 15+ hours of paraprofessional counseling training before being assigned to a young person (usually over the course of 4-5 weeks).
- Mentors will need to a fingerprint security screening and reference checked before being matched.
- Mentors must have a clean driving record if they plan to drive their mentee.
- Mentors must have valid auto liability insurance and driver's license.

HOW ARE MENTORS SUPPORTED ONCE THEY'VE COMPLETED THE TRAINING AND HAVE BEEN "MATCHED" WITH A YOUTH?

- **Reach & Rise™** is committed to on-going training and support for all volunteer mentors, and the Program Director is actively involved in goal-setting and on-going planning with all mentors for their mentees.
- Mentors are invited and encouraged to attend ongoing mentor support group meetings, which are led by the Program Director. This continuing support is considered vital because it provides structure for the mentors as well as on-going training and development of mentoring skills. Individual telephone support is provided on a monthly or as needed basis. The Program Director can serve as a liaison between the mentor and the mentee's family to work through any issues that may arise in the mentoring relationship.