

HOLMES COUNTY JUVENILE
COURT
1 EAST JACKSON STREET
SUITE 201
MILLERSBURG, OHIO 44654



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Child Referral Form

Please complete all sections to the best of your ability.
Information will remain confidential.

Section 1: Youth Information

Youth's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____ Gender: _____ Grade: _____

School : _____

Address: _____

City: _____ State: _____ Zip: _____

Custodian Name(s): _____

Phone Number(s): _____

Email Address (if available): _____

Medical

Allergies? _____

Take any medications? _____

Section 2: Referral Source

Referred By (Name/Title): _____

Agency/Organization (if applicable): _____

Phone Number: _____ Email: _____

Relationship to Youth: _____

Section 3: Reason for Referral

Please check all areas of concern:

☐ Academic concerns (low performance, truancy)

☐ Behavioral issues (disruptions, aggression)

☐ Family issues (conflict, instability, separation)

☐ Social/emotional concerns (peer conflict, low self-esteem)

☐ Mental health concerns (stress, anxiety, depression)

☐ Risky behaviors (substance use, sexual activity)

☐ Legal involvement or probation

☐ Other (please specify): _____

Please briefly explain why this youth is being referred to the mentoring program:

Please list the child's hobbies/interests:

Section 4: Additional Information

Is the child aware you are making this referral? ☐ Yes ☐ No

Has the youth participated in a mentoring program before?

☐ Yes ☐ No

Is the youth currently receiving any support services? If yes, please explain:

What are the primary goals you hope mentoring will support for this youth?

Section 5: Authorization

I confirm that the information provided is accurate to the best of my knowledge.

Referrer's Signature: _____ Date: _____