<table>
<tr><td>

What portal/program are you referring from? (Circle One):

JDST   FST

YEL   Formal Probation

Care Coordination

</td><td>

During this youth's current portal/program involvement has this youth: (Circle applicable choices)

Raise the Age   YES   NO

Been detained: YES   NO

Appeared in court on a new matter: YES   NO

</td></tr>
</table>

Young Generations Program for Teens
Arts For Learning Western New York Program Referral

Youth Information		
Date of Referral:		
Name of Youth:	First	Last
Address of Youth:	Street	
City/Town		**Zip Code**
Cell Phone	**Email**	**Date of Birth**
What school & grade does youth currently attend:		
Parent/Guardian Information		**Check if Emergency Contact** ☐
Parent/Guardian Name:	First	Last
Address:	Street	
City/Town		Zip Code
Phone Number: Home: Work: Cell:		Email
Additional Parent/Guardian Information		**Check if Emergency Contact** ☐
Parent/Guardian Name:	First	Last
Address:	Street	
City/Town		Zip Code
Phone Number: Home: Work: Cell:		Email
Referral Source Information		

Name:	First		Last
Agency/Program**:**			
Address:	Street		

City/Town		Zip Code
Phone Number	Alt. Phone Number	Email

Additional Youth Background

Circle any/all of the artistic/self-expression interests, or abilities of youth referred:

Visual Arts   Poetry   Spoken Word   Theatre   Dance   Architecture

Singing   Music/Recording   Murals   Improv   Acting

Playing instruments   Design   Videography   Photography

Fashion   Technology   Other: _____

Please list any special needs to help youth be successful in program:

Please note: Consent form must accompany the submission of this referral for entry to our program, as pertains to the release of information for the referred youth and his/her family to Arts for Learning WNY. Signature of parent/guardian is required.

Program Start Date:	**Signature:**

Circle One: Accepted   Rejected: If so, list reason: