STANGE STANGE
Oakland County
Strengthening Families Through Community Involvement

## OAKLAND COUNTY YOUTH ASSISTANCE PROGRAM **REFERRAL FORM**

Staff \_\_\_\_\_\_ Area \_\_\_\_

PLEASE	PRINT		
FLEASE	FRINT	IN DLF	

	PLEASE PRINT IN	BLACK INK		
Last	First	Middle		
Sex	Date of Birth	Parent / Gu	ardian Email	
Address	City	Zip Code		
Asian 🗌 🛛 Black 🗌	] Caucasian 🗌	Hispanic 🗌	Multi-racial	
			(w) (h) (cell)	
Mother's Name	Address	City and Zip	Phone (w) (h) (cell)	
Father's Name	Address	City and Zip	Phone (w) (h) (cell)	
Step-parent or Guardian (living with child)	Address	City and Zip	Phone	
Name of School	Grade		School Di	strict
	CRIPTION OF REASON FOR			
Have other agencies or scl If yes, who?	nool services been involved?	Yes 🗌	No 🗌	
Is parent aware of referral	? Yes 🗌 No 🗌	ls youth aware	of referral? Yes	] No 🗌
Has parent been informed	of processing fee? Yes	No		
Signature of Referring Po (signature required) Print Full Name of Referr	ing Daraan:		Date:	
Address:		_ City and Zip Co	ode:	
Telephone:				

10/22/2020