



## REFERRAL FORM

theGiveback       The Program

Completed form can be emailed to [info@betheperson.co](mailto:info@betheperson.co)

### **Applicant**

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

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

Middle Initial: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Email: \_\_\_\_\_

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

Phone:(\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_ May we Leave a Message? Yes / No

Race: \_\_ White \_\_ Black \_\_ Birracial \_\_ Asian \_\_ American Indian \_\_ Hispanic \_\_ Other

Primary Language: \_\_ English \_\_ Spanish \_\_ Other: \_\_\_\_\_

Name of person(s) you live with: \_\_\_\_\_

\_\_ Grandmother \_\_ Grandfather \_\_ Mother \_\_ Father \_\_ Other: \_\_\_\_\_

Is this your legal guardian? \_\_\_Yes \_\_\_No

### **High School Information**

High School Attended: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

\_\_\_\_\_

### **FOR OFFICE USE ONLY**

REASON FOR REFERRAL: \_\_\_\_\_