



P.O. Box 2534
Durham, NC

Date Rec'd

Rec'd by:

Referral Form

Requested Service: Pearls of Purity Mentoring Domestic Violence Parental Advocacy (GED, GRE, SAT, Emotional Wellness, Wealth Management) Anger Management

Referee Name _____

Last

First

Middle

Referee Address _____

Street

City

County

Parent/Guardian's Home Phone _____ **Work** _____ **Cell** _____

Referral Parent/Guardian's Email Address: _____

Did you inform the Child's parent or guardian about this referral (if applicable)?

Yes No Date parents/guardians were informed: _____

Age _____ **Grade Level** _____ **School** _____

Status of Referee's Father (Choose one or more that apply)

- Unknown Unavailable Deceased Incarcerated Step-Father
 Workaholic Substance Abuser Mental Health/Disabled Other

Special Concerns:

Juvenile Court Involvement: yes no At-risk for dropping out: yes no

Sexual Activity Involvement: yes no Gender Complexity: yes or no

Clinical Mental Diagnosis: yes no Emotional or Social concerns: yes no

Recent Behavioral Changes: yes no Substance Abuse concerns: yes no

Comments: _____

Referral Source Name _____ **Phone** _____ **Date** _____