



Youth Acceptance Collaborative Referral Form



***Youth must be under the age of 18**

Today's Date: ____/____/____

YOUTH INFORMATION

Legal Name: _____ Preferred Name: _____

DOB: _____ Age: _____ SSN: _____

Phone Number: _____ Email: _____

Currently in foster care? Yes ___ No ___ CSEC History? Yes ___ No ___ Juvenile Justice History: Yes ___ No ___

Name & phone # of child welfare worker: _____

Name & phone # of probation officer: _____

Emergency Contact (Name/Relationship/Phone): _____

FAMILY / CAREGIVER INFORMATION

Family Member / CaregiverName(s): _____

Phone Number(s): _____

Relationship to Youth (i.e. Birth parent, foster parent, grandparent, etc.): _____

REFERRAL INFORMATION

Name of person making the referral: _____

Phone Number: _____

Relationship to Youth: _____

Reason for Referral:

Please fax referrals to BAYC Intake Coordinator, Jessica Durkee, 510-727-9405 or call 727-9401 x108 with questions.

REFERRAL APPROVED BY SSA STAFF: