

### 12-2-1 Referral Form

Each class is held bi-monthly, over the course of 2 or 3 days (depends on the month), for a total of 12 hours.

Go to [www.midcoastcasa.org](http://www.midcoastcasa.org) for upcoming classes, or call Heidi Tucker, 373-6958 to register.

**Mail, E-mail or Fax This Form To:** Substance Abuse Prevention, 66 Baribeau Drive, Suite 7, Brunswick, 04011

**E-mail:** htucker@midcoasthealth.com **Fax:** 207.373.4689 **Phone:** 373-6958

**Youth's Name:** \_\_\_\_\_

**Youth's Home Address:** \_\_\_\_\_

**Youth's Phone Number:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact Name & Phone Number:** \_\_\_\_\_

**Other comments or Notes from Referral Source** (special conditions, special accommodations/needs, etc.):  
 \_\_\_\_\_

**If referral is from person other than parent, has parent been notified?** \_\_\_\_\_ **if so, Date:** \_\_\_\_\_

**If not, please comment:** \_\_\_\_\_

\*\*\*\*\*

**Date Referral Made:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Youth's Information**

**Age:** \_\_\_\_ **Birthday:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender:** \_\_\_\_ Male \_\_\_\_ Female

**Race/Ethnicity:** \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ African America \_\_\_\_ More than one  
 \_\_\_\_ Asian \_\_\_\_ American Indian \_\_\_\_ Alaska Native  
 \_\_\_\_ Native Hawaiian \_\_\_\_ Pacific Islander \_\_\_\_ Other

**Name of Youth's School and Town:** \_\_\_\_\_

**Referral Initiated By (If parent, leave blank)** \_\_\_\_\_

(list name, title and relationship to youth)

**Person Making Referral to Program (If parent, leave blank):** \_\_\_\_\_

(list name, title and relationship to youth)

**Referent's Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Indicate Reason for Referral and Corresponding Date of Most Recent Violation/Incident Leading to Referral:**

Reason for Referral <i>(check all that apply)</i>	Month and Year of the Most Recent Violation/Incident Leading to Referral <i>(mm/yyyy)</i>
____ Self Referral to Program	<b>Not applicable</b>
____ Parent/Guardian Referral	<b>Not applicable</b>
____ Violation of School Drug/Alcohol Policy	<b>Date:</b> ____ / ____ ____ <b>(if available)</b>
____ Arrest or Citation involving drugs and/or alcohol	<b>Date:</b> ____ / ____ ____ <b>(if available)</b>
____ Violation of Probation	<b>Date:</b> ____ / ____ ____ <b>(if available)</b>
____ Reports (by self or other) of being impaired within last 30 days	<b>Date:</b> ____ / ____ ____ <b>(if available)</b>
____ Other (please explain) _____	<b>Date:</b> ____ / ____ ____ <b>(if relevant)</b>