



## Heart Gallery Mentor Program Youth Referral Form

\_\_\_\_\_ Date received  
\_\_\_\_\_ Date on waiting list  
\_\_\_\_\_ Date matched with Mentor  
\_\_\_\_\_ Mentor  
\_\_\_\_\_ Date closed

Date \_\_\_\_\_

- Date caseworker \_\_\_\_\_ reviewed Heart Gallery Mentor Program Information with Foster Parent(s) \_\_\_\_\_.
- Foster Youth's Name \_\_\_\_\_ Case # \_\_\_\_\_
- Caseworker Name \_\_\_\_\_ Phone # \_\_\_\_\_
- Caseworker's E-mail \_\_\_\_\_
- Foster Parent(s) Name \_\_\_\_\_
  - Phone Number \_\_\_\_\_
  - Address \_\_\_\_\_
  - E-mail \_\_\_\_\_
  - Other contact information \_\_\_\_\_
- Foster Youth's Name \_\_\_\_\_
  - Phone Number \_\_\_\_\_
  - Address \_\_\_\_\_
  - Other contact information \_\_\_\_\_
  - Age and birthday \_\_\_\_\_
  - Gender F M
  - Ethnicity \_\_\_\_\_ Language \_\_\_\_\_
  - Ethnicity preferred for Mentor \_\_\_\_\_ Required Y N
  - Has this youth been adjudicated Y N
  - If yes, please describe: \_\_\_\_\_
  - Youth legal free Y N Can youth have photo taken Y N
- Will the youth remain in DHS care/custody at least one year after match?
- Please list other programs and activities that the youth is currently involved in.
- Youth's interests and hobbies: \_\_\_\_\_

Caseworker's signature \_\_\_\_\_ Date \_\_\_\_\_