



Youth Referral Interest Form

This form is used to express interest in Elevate Youth Co. services. It is a brief referral request and does not guarantee acceptance into the program.

1. Youth Information

Youth Name: _____ Date of Birth: _____

Preferred Name (if different): _____

School / Grade (if applicable): _____

2. Referral / Contact Information

Person Submitting Referral: _____

Relationship to Youth: _____

Phone: _____ Email: _____

3. Youth Interests & Strengths

What does this youth enjoy? (activities, hobbies, goals, interests)

4. Brief Background & Current Life Situation

Briefly describe family support, living situation, or current challenges (no clinical detail needed).

5. Additional Notes (Optional)

Submitting this form indicates interest in learning more about Elevate Youth Co. services. Program staff may follow up for additional information.