GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Mentoring Referral Request Form
(Complete form in its entirety)

Client's Name: ______________________ FACES Client # ___________

Circle: Male Female DOB: __________

Legal Status of Child: ____________________
Placement Circle: Traditional Therapeutic

Court ordered service: Y N Judge: ____________________________
(Attach copy of court order)

Is this referral the result of a FTM? Y N
If so, date of FTM_____________ Name of Facilitator: _____________

Guardian:

_________________________ _________________________
Caregiver's Name Relationship to Child

Address: ____
Telephone Numbers: Home _________________ Cell ________________

Caregiver Consent to Services: Y or N

Has your client been referred for mentoring services in the past? Y/N

Incarceration:

Is either of the client's parents currently incarcerated? Y/N
Have either of the client's parents been incarcerated in the past? Y/N

Supporting Documents:

You must include at least one of the below documents with each referral.

______ Current Evaluation/Assessment
______ Letter from the current Therapist

A Memo must be submitted providing a brief overview of the Client's Social Needs and Goals that you want addressed with mentoring services.

______________________	______________________
Social Worker Name	Phone Number
______________________	______________________
Social Worker E-mail	Signature (date)
______________________	______________________
Supervisor Name	Phone Number
______________________	______________________
Supervisor E-mail	Signature (date)

Special Request/ Comments

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Vendor selected by OCP and frequency of services

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