

Youth, Rights & Justice

ATTORNEYS AT LAW

CONTAINS CONFIDENTIAL INFORMATION

SchoolWorks/Youth Educational Supports (YES) Program Referral Form

Date of referral: _____

Name, DOB, & other necessary identifying information of person being referred:

Description of means by which to contact them at the facility:

Name of person making the referral: _____

Contact information for person making the referral:

Phone: _____ Email: _____

Name & location of the facility:

Name & Contact information for parole officer (if different than the referring person):

Phone: _____ Email: _____

Date of discharge: _____

City and County to which they will be discharged: _____

Brief description of plan for housing upon discharge: _____

Pertinent educational needs specific to the youth (IEP, 504, language barrier, impairments, educational barriers, etc.): _____

Please email completed form to: seth.lh@youthrightsjustice.org, Jennifer.mc@youthrightsjustice.org

Name and contact information for where youth will be transitioning to upon parole (program, family member, resource parent, etc.):

Any known terms of release that may pose a barrier to educational placement: _____

Brief description of any additional needs they may have upon discharge (i.e. substance use disorder treatment, mental health, housing, social services, health care): _____

Any additional information relevant to referral: _____
