

Bridging The Gap Between Youth and Community Services

Referral Form

Phone: (617) 547-3400 Ext. 235

Fax: (617) 491-7451

Email: Cynthia.Guevara@use.salvationarmy.org

Attn: Cynthia Guevara – BTG Director

Date: _____

Name: _____ Gender: _____		
Address: _____ _____		
Date of Birth: _____		Phone #: _____
Parent(s) / Guardian(s): _____ _____		
Reason for Admittance into BTG (Check all that apply):		
<input type="checkbox"/> Truancy <input type="checkbox"/> Risk of Expulsion <input type="checkbox"/> Lack of respect for authority <input type="checkbox"/> Improve Self Esteem <input type="checkbox"/> Explore Educational opportunities	<input type="checkbox"/> Poor/limited social skills <input type="checkbox"/> Expelled <input type="checkbox"/> Excessive Behavioral Problems <input type="checkbox"/> Explore community Resources <input type="checkbox"/> Academic Support	<input type="checkbox"/> Desire to explore positive recreational sites <input type="checkbox"/> CHINS (CRA) <input type="checkbox"/> Other
# of Mandated Community Service Hours (if any): _____ (Youth referred to program can complete community service hours at Salvation Army aside from their program time.)		
Date mandated hours are due: _____		
Hours mandated by: _____		
Any other background information: _____ _____		

Contact Person: _____

Phone #: _____ **Fax #:** _____

*contacts will receive Bi-weekly reports which are also sent to parents.