



# Youth Options Shasta

Request for Services / Referral Form

Date: \_\_\_\_\_

Name of Youth:	DOB:	Grade:	Race/Ethnicity:
Address:			
Parent(s) / Guardian's Name:		Female Head of Household: Yes or No	
Parent(s) / Guardian's Phone / Email Address:		Current or Former Foster Youth: Yes or No	
Reason(s) for Referral:		School Name:	
Check which services you think the youth would benefit from:			
<input type="checkbox"/> Anger Management <input type="checkbox"/> Peer Court <input type="checkbox"/> Tobacco Cessation			
<input type="checkbox"/> Bite of Reality: Financial Workshop			

Referrer's Name and Title:
Referrer's School / Agency / Relationship to youth:
Referrer's Phone / Email Address:

Please email this form to [info@yoshasta.org](mailto:info@yoshasta.org)

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[www.youthoptionsshasta.org](http://www.youthoptionsshasta.org)