

***POSITIVE ALTERNATIVES, INC.***

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*Positive Alternatives, Inc. is a United Way Member Agency*

## Referral Form

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s)/Foster Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Race: \_\_\_\_\_

Phone: \_\_\_\_\_ Referring Agent: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Type of order:    Shelter    Respite    Long-term    Short-term (Crisis)

Non-Secure Sanction/Holds

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will this service be utilized (i.e. dates, days of the week, times)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The service will be paid by:    County Agency    School/Grant    Parent/Guardian

Other: \_\_\_\_\_

Additional information and/or requests: