

Serving a population we know and love by instilling hope and providing support consistently

Referral/Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s Name: |  | | | | | | | | | | | Date: | |  | |
|  | | *(Last, First, MI)* | | | | |  |  | |  | | | | | |
| Date of Birth: |  | | Age: | |  | Gender:  Male  Female | | | | | Alias: | | | |  |
| Address: |  | | | | | | | | | | | | | | |
| City, State, ZIP: |  | | | | | | | | Email: | | | |  | | |
| Home Phone: |  | | | Cell Phone: | | | | | | | | |  | | |
| Education Status: |  | | | Name of School & Grade | | | | | | | | |  | | |

Referral Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referred by: | |  | Agency: |  |
| Address: |  | | Email: |  |
| Work Phone: |  | | Cell Phone: |  |

Areas of Concern

Violence  Shelter  Food  Clothing

Mental Health  Medical Health  Probation  Parole

Employment  Education  Gang/Group  Drugs

Social Environment  Antisocial  Combative  Other

|  |  |
| --- | --- |
| Please Explain: |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s Name: |  | | | | | | |  | |  |
|  | | *(Last, First, MI)* | |  |  | |  | | | |
| Address: |  | | | | | | | | | |
| City, State, ZIP: |  | | | | | Email: | | |  | |
| Home Phone: |  | | Cell Phone: | | | | | |  | |

Guardian Information For Underage Youth



**Authorization for Release/Exchange of Information**

**This consent form serves to grant permission for the Staff of Street Safe Outreach Program to obtain and /or exchange information with the designated entity listed for the purposes of coordination of services for the named youth and their family.**

**I, (Name of Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hereby, authorize the Street Safe Bridgeport Staff to obtain educational, medical and /or mental health information with the following school/agency to assist in the coordination of services for my child.**

**Name of Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Name of Agency/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that I am granting consent for the duration of the time that my child is involved with the Street Safe Bridgeport Program and that I can rescind my consent at any time by providing a notice of such in writing to the program Staff.**

**By signing this you also give your child permission to go on any trips/activities that this program will want to take them on, you also give this program permission to photograph or interview your child for any news media, group photo/videos or newsletter that this program will use to promote, fund-raise or to educate the public about this program. This program respects the privacy of our youth and their families and does not allow unauthorized visitors to photograph any site or youth.**

**Do you consent? YES \_\_\_ NO \_\_\_ Please sign below as confirmation:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Street Safe Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**