

# **The Neighborhood Center, Inc.**

## **Project Rise Referral**

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardians Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Number of Children in the home: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Additional relevant information to help us best support the youth:

**Reason for Referral:**

- Trauma
- Risk Taking/High Risk Behaviors
- Boundaries and Expectations
- Commitment to Learning
- Social Competencies
- Family Structure i.e. Foster Care, absent parent

- Support
- Empowerment
- Constructive Use of Time
- Positive Values
- Positive Identity

### **Referral Source:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information: \_\_\_\_\_

*Project RISE is a voluntary drop-in program for youth ages 8-15.  
Please return the completed referral form to Paul Cody, Project RISE Group Leader.  
PaulC@neighborhoodctr.org*