

**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:

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**Reason for Referral:**

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|---|---|
| <input type="checkbox"/> Trauma   | <input type="checkbox"/> Support                  |
| <input type="checkbox"/> Risk Taking/High Risk Behaviors                  | <input type="checkbox"/> Empowerment              |
| <input type="checkbox"/> Boundaries and Expectations                      | <input type="checkbox"/> Constructive Use of Time |
| <input type="checkbox"/> Commitment to Learning                           | <input type="checkbox"/> Positive Values          |
| <input type="checkbox"/> Social Competencies                              | <input type="checkbox"/> Positive Identity        |
| <input type="checkbox"/> Family Structure i.e. Foster Care, absent parent |   |

**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](mailto:PaulC@neighborhoodctr.org)**