



SISTER TO SISTER MENTORING PROGRAM REFERRAL FORM

Date of Referral: _____

Child's Name: _____ DOB: _____ Case Number: _____

Child's School: _____

Name of person child lives with, their relationship to child, address, and telephone number:

Reason for referral (Please provide a brief description of the presenting problems and issues):

Name, telephone, and email address of Probation Officer or other person making the referral:

Offense for which child is currently on probation: _____