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|  | ***3510 Capital City BLVD*** |
| ***Lansing, MI 48906-2102*** |
| ***Phone: 517.316.4000*** |
| ***Fax: 517.316.4490*** |
| ***TTY/TTD: 517.316.4103*** |
| ***LaVendee Fulton, Peckham Inc. RAMP Mentoring Specialist 517.316.4019*** | [***lfulton@peckham.org***](mailto:lfulton@peckham.org) |

**YOUTH PARTICIPANT REFERRAL FORM**



Name of Youth: DOB/Age:

Authorized Person/Agency Making Referral: Date:

Referral Person’s phone & email:

# Please check all that apply to the youth you are referring:

Value for career-focused learning Truancy

Interest in personal growth & goal setting Drug or alcohol abuse

Able to work cooperatively in small groups Receiving or in need of Mental Health

Services

Aged 13-17 years (must be under age 18 throughout core program)

Has a disability/challenge:

At-risk of becoming or involved with Juvenile Justice; Offense status:

IEP Behavior Plan Disciplinary Incidents

Low Math Skills Low Reading Skills

# Where is the youth currently residing?

Home Other:

 ***Proof of date of birth required*** (school record, IEP assessment, birth certificate). Additional helpful documents: disability documentation and juvenile court status/court record.

 Please feel free to attach any comments or additional information you believe would benefit RAMP’s consideration of your youth’s referral to the program.

 ***Fax this completed referral*** to Peckham RAMP Specialist La Vendee Fulton at **517.316.4019 or 517.703.9266**. Thanks!

*Ready to Achieve Mentoring Program – Peckham Youth Referral Form – Page 1 of 1*