



### PARENT/YOUTH REFERRAL RECORD

Date of Referral: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Little's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Female Male

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Programs:**

\_\_\_ Community: ages 7 - 12, non-traditional home setting, low income, free or reduced lunch

\_\_\_ Operation Mentor: ages 7 – 12, child(ren) of deployed or deployable parent(s) or surviving child

\_\_\_ Falcon Club: ages 6 – 12, non-traditional home setting, low income, free or reduced lunch, matched with 2 Air Force Academy cadets

\_\_\_ REACH: ages 7 - 12, non-traditional home setting, free or reduced lunch with incarcerated parent in a State or Federal prison

What is the primary reason for you wanting your son/daughter to have a Big Brother/Big Sister?

Do you feel your son or daughter has any conditions that will affect him or her in relating to a Big Brother/Big Sister? If yes, briefly explain.

How did you hear about our program? \_\_\_\_\_

If there is more than one child please enter names and ages here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_