

## **Prevention Connection Virtual Hub – Teen Intervene – Referral Form**

Date: \_\_\_\_\_

### **Referral Information:**

Name of Person submitting referral: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/School/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Youth Information:**

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Youth notified of referral: \_\_\_\_\_ Parent(s) notified of referral: \_\_\_\_\_

---

### **Reasons for Referral:**

☐ Alcohol use

☐ Prescription Drugs

☐ Marijuana use

☐ Gambling

☐ Tobacco use/Vaping

☐ Other Drug use

### **What prompted you to make this referral:**

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

### **If you have not notified youth of referral, what is your reason?**

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

### **Additional Information:**

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

**CONFIDENTIAL**

Prevention Connection Virtual Hub, 61 West Street, Ilion, NY 13357, Phone: 315-894-9917 Fax: 315-894-6313

Email: [PreventionConnectionVirtualHub@gmail.com](mailto:PreventionConnectionVirtualHub@gmail.com)