



Multicultural Youth Program Referral Form

Referral Source Information (person and/or agency):

Contact phone number/email: _____ Date: _____

Name (Youth): _____ Birthday/Age: _____

Phone Number: _____ Email: _____

Best way to contact: Phone _____ Email _____

Primary Language: _____ Require Interpretation Service? Yes No

If service user is under 18 years of age and needs parental consent, and/or other family members/guardians are involved in the process, are interpretation services needed?

Yes No Parent/Guardian Language: _____

Strengths/interests/hobbies: _____

Barriers/challenges: _____

Main concerns (please include official diagnosis if any): _____

Services & supports you're requesting (check all that apply): ___ MYP Bike Club ___ Next Step Program

___ Case Management ___ Resource Navigation ___ Job Skills/Development ___ Girls Group

___ Community/Peer Group ___ Service Learning/Volunteerism ___ Tutoring/Edu. Support

Services currently receiving & received in the past (if known)—Please include agency contact information:

Any other significant info. (e.g. ELL, specific cultural beliefs, etc.): _____

Please return this form to the Multicultural Youth Program Coordinator:

Email: myp@spectrumvt.org

Fax: (802) 540-0116

Mail: Spectrum Youth & Family Services, 191 North St., Burlington, VT 05401

Questions? Call: 802-864-7423 Ext. 428