

REFERRAL FORM

Seaside Youth Resource Center

1136 Wheeler Street, Seaside, CA 93955

831-899-6871

SYRC Office Staff:

Date received: _____

Date contacted: _____

Date of intake apt: _____

Date closed: _____

Seaside Youth Resource Center | Office Hours: Monday-Friday, 9 AM - 6 PM

Please email to ecuadra@ci.seaside.ca.us and tblack@ci.seaside.ca.us

and khiggins@ci.seaside.ca.us or drop off at SYRC

Instructions: Please fill in the following information if you would like to refer a client to the Seaside Youth Resource Center (SYRC). You and/or the client/guardian will be contacted by a Staff Member from the SYRC about the next steps to schedule an appointment to begin services that meet the needs of the youth, family, and/or young adult. The SYRC is a one-stop referral-based program providing our youth and their family's access to a variety of service providers operating as local agencies, non-profit organizations, faith-based group, etc. to support the dynamics of their children/family needs and/or challenges and other opportunities for them to thrive and be successful.

Referred By

Date: _____ Referred by: _____ How did you hear about SYRC?
Telephone #: _____ Agency: _____ School Friend Flyer/Brochure
Title: _____ Email: _____ SYRC Client SYRC Staff
Is the client/family aware they are being referred? Yes No Behavioral Health Probation Dept.
Notes: _____ Other: _____

Client Referred

Child's Full Name: _____ Gender: _____ DOB: _____ Age: _____
Primary language: _____ School: _____ Grade: _____
Address: _____
Currently on probation? Yes No P.O. Name: _____
Ethnicity (please check all that apply): African-American Asian Caucasian Indian Latino
Native-American Pacific Islander Other: _____
Is this client receiving services from any other county/city agency/programs? Yes No
If yes, please list: _____

Client's Guardian

Primary guardian name: _____
Primary language: _____
Relation to client: _____
Phone number: _____
Alt. phone number: _____

Additional Notes, Strengths, or Interests...

Reasons for Referral

Behavior issues at school	Failing Grades	Truancy
Gang activity Gang-involved	Family gang-involved	Notes: _____
Experimenting with drug/alcohol	Substance abuse	Substances: _____
Violent towards others	Aggressive behaviors/attitude	Explain: _____
Suicidal Suicidal ideation	History of suicide attempts	Last attempt: _____ Hospitalized? _____
Drug/alcohol counseling	Therapy (individual/family)	Mentoring/positive guidance support
Employment experience/opportunity	Youth leadership/development program	
Other: _____		