Student Intervention & Reintegration Program (SIRP), Young Adult Referral Form
To Be Filled Out By Referring Adult or Participant (if referring him/herself)

Please Mail, E-mail or Fax This Form To: Karen Tucker, PRIME for Life Registrar c/o HCCA, 36 Brunswick Ave., Gardiner ME 04345, Registrar Phone: 207-588-5012 Fax: 207-582-5804 E-mail: ktucker@mcd.org

Participant's Name:_____**Program Date:**_____

Address:_____

_____ZIP:_____

Permanent Home Address (if different):_____

Phone Number: _____ **E-Mail:** _____

Emergency Contact Name & Phone Number:_____

Special conditions, special accommodations/needs, etc. to participate in the program:

_____

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Date Referral Made: ___ ___ /___ ___ /___ ___ ___ ___

Participant's Information

Age: ___ ___ **Date of Birth:** _____/_____/_____

Gender: ___ Male ___ Female

Race/Ethnicity: ___ White ___ Hispanic ___ African America ___ More than one
___ Asian ___ American Indian ___ Alaska Native
___ Native Hawaiian ___ Pacific Islander ___ Other

Name of Participant's School and Town:_____

Referral Initiated By: (note name, title and relationship to participant, if relevant)

_____

Address:_____

Referent's Phone #_____ **Fax #** _____ **Email:**_____

If Self-Referral, please identify the person who is recommending participation in the program: (e.g., District Attorney) _____

Indicate Reason for Referral and Corresponding Date of Most Recent Violation/Incident Leading to Referral:

Reason for Referral *(check all that apply)*	**Month and Year of the Most Recent Violation/Incident Leading to Referral** *(mm/yyyy)*
____ Self Referral to Program	**Not applicable**
____ Parent/Guardian Referral	**Not applicable**
____ Violation of School Drug/Alcohol Policy	**Date: ___ ___/___ ___ ___ ___ (if available)**
____ Arrest or Citation involving drugs and/or alcohol	**Date: ___ ___/___ ___ ___ ___ (if available)**
____ Violation of Probation	**Date: ___ ___/___ ___ ___ ___ (if available)**
____ Reports (by self or other) of being impaired within last 30 days	**Date: ___ ___/___ ___ ___ ___ (if available)**
____ Other (please explain) _____ _____	**Date: ___ ___/___ ___ ___ ___ (if relevant)**