

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

Please Mail, E-mail or Fax This Form To: Robin Desjardins, SIRP Registrar c/o Healthy Futures, Inc., 72 Main St Suite A, Winthrop, Maine 04364-1406, Phone: 377-5377 Fax: 377-5379 E-mail: <rdesjardins@fairpoint.net>

Youth's Name: _____

Youth's Home Address: _____

Youth's Phone Number: _____

Name of Parent(s)/Guardian(s): _____

Emergency Contact Name & Phone Number: _____

Other comments or Notes from Referral Source (special conditions, special accommodations/needs, etc.):

If referral is from person other than parent, has parent been notified? _____ if so, Date: _____

If not, please comment: _____

Date Referral Made: ____ / ____ / ____

Youth'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 Youth's School and Town: _____

Referral Initiated By: _____

(list name, title and relationship to youth)

Person Making Referral to Program: _____

(list name, title and relationship to youth, if relevant)

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

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

Reason for Referral <i>(check all that apply)</i>	Month and Year of the Most Recent Violation/Incident Leading to Referral <i>(mm/yyyy)</i>
____ 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)
