



Comprehensive Community-Based Services

Referral

4110 N. Water Tower Place

Mt. Vernon, Illinois 62864

Office: 618-242-8266

Fax: 618-242-1150

Return to: Mimi Meyer: mmeyer@onehopeunited.org

Date: _____

Person/Agency Making Referral _____ Phone: _____

Youth Name: _____ DOB _____

Person with whom youth resides/relationship: _____

Address/City/State/Zip: _____

Home/Cell Phone: _____ Work Phone: _____

Siblings/Ages who reside with youth _____

Parents Names/Contact Info _____

School (if attending)/Grade _____

School Issues (discipline, IEP) _____

DCFS Involvement ____ Yes ____ No Worker Name _____

Presenting Problem(s) _____

Criminal History (youth and/or family; Probation?) _____

Has referral been discussed with legal guardian/caregiver(s)? ____ Yes ____ No

Please assess caregivers' attitude toward participation in CCBYS: _____

Office Use Only

____ Accepted into CCBYS program _____ Waiting list for CCBYS program

____ Not accepted/ reasons: _____

OHU Staff processing referral: _____