



# RUSC Kinship Mentoring REFERRAL FORM

\*This form can be accessed at [www.rusckinship.org](http://www.rusckinship.org)

This form is to be completed by the REFERRAL AGENCY and returned to the RUSC Kinship office. Information on this form will be kept confidential and will be used to assist the executive director in matching the child with an appropriate mentor.

**We ask that parent(s)/guardian(s) are informed of referrals prior to submitting them to RUSC Kinship Mentoring in order to ensure that families feel supported through the entire mentoring experience.**

*Fill in all information to the best of your knowledge and as complete as possible.  
Accurate contact information is very important!*

Date: \_\_\_\_\_

Referring agency: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Email address: \_\_\_\_\_

***I have contacted the parent/guardian of this child to make them aware of the RUSC Kinship Mentoring program and my referral.***

## **Child's Data**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Child living with: \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Parent work phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

## **Mobility of Child and Family**

Does the child/family move often? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Has the child run away? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

## **Family/Child History—Check all that apply:**

Is there a history of any of the following? Physical abuse      Sexual Abuse      Neglect

Chem. Dependency/Alcoholism      Suicidal Tendencies      Disability/Illness

Rape/Teen pregnancy      Mental Health Issues

Please explain:

\_\_\_\_\_

**Child's Self-Esteem**

What is the child's attitude toward self? Very good      Good      Fair      Poor

Please explain:

\_\_\_\_\_

**School/Education Information**

School child is attending: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School Counselor/Social Worker: \_\_\_\_\_

Teacher: \_\_\_\_\_

Person with whom child best relates: \_\_\_\_\_

Child's attitude towards school: very good      good      fair      poor

Child's behavior in school: very good      good      fair      poor

Subjects child most enjoys: \_\_\_\_\_

School activities in which child participates: \_\_\_\_\_

**Legal Data**

Do you know of any other agencies working with this child? Yes      No

Please list any of which you know:

\_\_\_\_\_

**Recommendations for matching**

How do you think an adult partner would help the child?

\_\_\_\_\_

What type of person would you suggest we match with the child?

\_\_\_\_\_

Other comments:

\_\_\_\_\_

**Referring a child to RUSC Kinship does not insure the child's acceptance into our program. The child must meet program guidelines. The more information you provide to us, the better able we are to determine eligibility. For more information on these guidelines or if you have any questions or further comments, please feel free to contact us. Thank You!**

**RUSC Kinship Mentoring**  
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Morris, MN 56267  
320-585-7872  
RUSCKInship@gmail.com

Received by: \_\_\_\_\_ Date: \_\_\_\_\_