**FYI Nomination Form**

**Date: \_\_\_\_\_\_\_\_\_\_ Referring Party Name/Phone & Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Court # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Please complete for all referrals** | **Family Name:** |
| **Parent/Guardian’s Names** |
| **Parent/Guardian’s Phone number:** |
| **Physical/Mailing Address:** |
| **Other Contact Info (email):** |
| **People living in the house (name & age):** |
| ***If youth referral: Name-*****Birth Date/ Grade and Gender** |
| **Youth Cell Phone**  |
| **Reason for Referral-** |
| **Additional Comments** |

|  |  |
| --- | --- |
| **Program being referred to:**  | **FYI Contact Person** |
|  | **Parenting Classes-** (Nurturing Parenting Program- Parenting Skills)  | *Sarah Green-530-2578* |
|  | **Parenting Classes-** (Guiding Good Choices- Parenting skills around substance use prevention | *Sarah Green-530-2579* |
|  | **Mentors Program-** (One year commitment of mentorship with a trusted adult) | *Kenny Wilcox -530-2581 Kirsten Love- 530-2584* |
|  | **Youth Classes-** Youth Advisory Board (Leadership opportunity)  | *Dibby Olson- 530-2577* |
|  | **Youth Classes-** Towards No Drug Abuse(Drug/Alcohol prevention with public service)  | *Cassie Stauch-530-2582* |
|  | **Youth Classes-** *Moral Reconation Therapy*(Rolling admission, Cognitive-Behavior curriculum)  | *Cassie Stauch- 530-2582* |

*\*\*Space for additional comments on back\*\**

|  |  |  |
| --- | --- | --- |
| **Additional information** | **Protective/ strengths factors:** |  |
| **Risk Factors:** |  |
| **Other agencies involved:** |  |
| **Relevant History:** |  |
| **Additional Comments** |  |

****