

What portal/program are you referring from? (Circle One):

JDST FST
 YEL Formal Probation
 Care Coordination

During this youth's current portal/program involvement has this youth: (Circle applicable choices)

Raise the Age YES NO
 Been detained: YES NO
 Appeared in court on a new matter: YES NO

Young Generations Program for Teens

Young Audiences Western New York Program Referral

Youth Information		
Date of Referral:		
Name of Youth:	First	Last
Address of Youth:	Street	
City/Town		Zip Code
Cell Phone	Email	Date of Birth
What school & grade does youth currently attend:		
Parent/Guardian Information Check if Emergency Contact <input type="checkbox"/>		
Parent/Guardian Name:	First	Last
Address:	Street	
City/Town		Zip Code
Phone Number:	Email	
Home:	Work:	Cell:
Additional Parent/Guardian Information Check if Emergency Contact <input type="checkbox"/>		
Parent/Guardian Name:	First	Last
Address:	Street	
City/Town		Zip Code
Phone Number:	Email	
Home:	Work:	Cell:
Referral Source Information		
Name:	First	Last
Agency/Program:		
Address:	Street	
City/Town		Zip Code
Phone Number	Alt. Phone Number	Email

Additional Youth Background

Circle any/all of the artistic/self-expression interests, or abilities of youth referred:

Visual Arts Poetry Spoken Word Theatre Dance Architecture
Singing Music/Recording Murals Improv Acting
Playing instruments Design Videography Photography
Fashion Technology Other: _____

Please list any special needs to help youth be successful in program:

For questions, please contact:
Olivia Watson (olivia@yawny.org)
Young Audiences Western New York
(Inside Buffalo Public Central Library in downtown Buffalo, 2nd Floor)
1 Lafayette Square
Buffalo, NY 14203

716-881-0917
Fax: 716-408-3279 (send your completed referral to this number)
www.yawny.org

Please note: Consent form must accompany the submission of this referral for entry to our program, as pertains to the release of information for the referred youth and his/her family to Young Audiences Western New York. Signature of parent/guardian is required.

Program Start Date:	Signature:
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Circle One: **Accepted** **Rejected: If so, list reason:**