

Uplift Youth Self-Referral Instruction Sheet

1. Please complete all fields accurately and with as much information as possible
2. Please note – “The referral reason” is essential and provides UYP staff with important details prior to the intake appointment
 - a. Ex) This section is open- ended and meant for a thorough description of the incident or behaviors/concerns.
3. Additional Service Provision/Relevant Information- This section is to note any relevant information that may be useful to case management. For example, if the youth is receiving services with another program or agency, please note on the referral.

Please submit all self-referrals via email or walk-in.

Referrals can be sent to the following email addresses:

donava@santafecountynm.gov **triemann@santafecountynm.gov**
jlozano@santafecountynm.gov

Call us at 505-995-9555 with any questions.



Uplift Youth Self-Referral Form

Uplift Youth Program Santa Fe County
240 Grant Avenue Santa Fe, NM 87504
(505) 995-9555

donava@santafecountynm.gov
friemann@santafecountynm.gov
jlozano@santafecountynm.gov

Scheduled Intake Date/Time:

_____ AM/PM

Date Intake Completed:

Youth Name: _____

Date Referred: _____ Referred By: _____

Phone #: _____ Email: _____

DOB: _____ Age: _____ Gender: _____

School: _____ Grade: _____ Student ID#: _____

Home Phone #: _____ Student Cell #: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Phone #: _____

Address: _____

Email: _____ Relationship to Student: _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____

Email: _____ Relationship to Student: _____

Referral Reason:

Incident Information:

☐ Prior Incidents
☐ Drugs/Alcohol ☐ Tobacco/E-Cig ☐ Violence ☐ Other: _____

☐ Police Notified Case Number _____ Officer _____

☐ Police Action: _____

☐ CYFD/JPPD Involved Case/FACTS # _____ Contact _____

Additional Service Provision/Relevant Information:

Parent/Guardian Signature: _____ Date: _____