



## Uplift Youth Self-Referral Form

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

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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: \_\_\_\_\_