

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

bcalderon@santafecountynm.gov

ilozano@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
bcalderon@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/JPPO Involved Case/FACTS # _____ Contact _____

Additional Service Provision/Relevant Information:

Parent/Guardian Signature: _____ Date: _____