



A Licensed Child Welfare Organization

Office: 4008 W. Wackerly St
Midland, MI 48640
Mailing: P.O. Box 2225
Midland, MI 48641-2225
Phone: (989) 839-0534
Fax: (989) 839-0537

Return Referrals to Stephanie Curtis: scurtis@aicw.org

YIT Mentoring Services Referral Form

Date:	County: Midland Saginaw	Case #:
Case Worker:		Supervisor:
Case Worker Contact # and Email:		

Youth's Name:	Gender: Male Female
MISACWIS #:	School Name and Address:
Date of Birth:	Hobbies:
Home Phone:	Interests:
Cell Phone:	
Street Address:	
City, State, Zip:	

Guardian's Name:		
Phone #:	Address:	

Please list of all other services this Youth receives with contact information:

Service Provider:	Contact Name:	Contact Number:	Comments:

Please provide a list of names of all persons not allowed contact with youth:

A Child Reached is A Child Saved...



Name:	Reason Not Allowed at Visitation:

Reason for referral to Mentoring Services:

Goals and Objectives Identified by Referring Worker:

Please Attach Copy of:

___ DHHS 722-O

___ DHHS 722-C

___ CANS (Child Assessment of needs and Strengths)

___ ISP or USP

Safety Concerns:

Referring Workers Signature: _____

Date: _____

Referring Supervisors Signature: _____

Date: _____

DHHS Monitor Signature: _____

Date: _____

Any Other Comments (Attach Additional Pages if Necessary):