

Kids Like Us Program Referral Form

Please see *Guide to Referring a Child to KLU* for information about referral criteria. Send completed form in a confidential manner to Julie Wood Merchant, Kids Like Us Director by fax or mail. Fax: 301-600-3298 or Mail: 350 Montevue Lane, Frederick MD 21702

Date of Referral: _____

Name of Child being referred: _____

School Child attends: _____ Grade Level: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Ethnicity: *Please select all that apply.*

- More than one race African American American Indian or Alaska Native Asian
 Hispanic Native Hawaiian or other Pacific Islander White Other _____

Does the child have *current, direct exposure* to alcohol/drug misuse of a parent or caregiver?

- Yes No - But meets referral criteria in another way

Describe how this child meets referral criteria: *Please give as much information as possible. Please see Guide to Referring a Child to KLU for information about referral criteria.*

Describe attributes that will help this child be a productive group member (*i.e. age-appropriate self-control, respectful, positive, seeking help, etc.*)

Source of Referral (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Community member (e. g. neighbor, friend, another family member) |
| <input type="checkbox"/> Student self-referral | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Parent/guardian | <input type="checkbox"/> b: (please describe) |
| <input type="checkbox"/> Professional (e.g., health professional, school administrator, teacher, DSS, DJS,) | |
| <input type="checkbox"/> Kids Like Us staff | |

Name and Address of Referring Agency/Organization: _____

Name and Title of Person Making the Referral: _____

E-mail address: _____

Phone Numbers: _____