THE NEXT DOOR
REFERRAL FORM

Referring Person Information (Case Manager, Social Worker, Counselor, Therapist, County Worker, etc).

Full Name:

Relationship to youth:

Email:

Phone:

Preferred Contact Method: ☐ Phone ☐ Email

Person Being Referred

Full Name:

Pronouns:

Email:

Gender:

Phone:

Date of Birth:

Please share a brief description of your living situation over the past 6-12 months:

Current City:

Zip Code:

County:

Are you currently on the coordinated entry list?

☐ Yes ☐ No

We ask that youth have a valid form of ID. Do you meet this requirement?

☐ Yes ☐ No

We are looking for youth ages 18-24 who are motivated and willing to engage in a program. Do you meet this requirement?

☐ Yes ☐ No

Please write some times/days that work for you to be interviewed for the program. Virtual is an option if needed.

*****Background checks are completed, but only for youth who will be accepted into the program.

Preferred Contact Method:

☐ Phone ☐ Email

Date Completed