Fresh Start Family Services, LLC

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3934 W. La Madre Way• North Las Vegas, NV 89031
www.freshstartfamilyservices.com

YOUTH REFERRAL FORM

Youth's name: _____Date of entry_____

Date of Birth: _____ Grade level in School: _____

Current Address: _____

City: _____State_____Zip Code_____

Current Contact #:_____

Medicaid # (if applicable):_____

Reason for referral: _____
Circle: Basic Skills/ Psychosocial Rehab/ Independent Living Program/ Lifestyle Courses/GED Training/ Early Intervention Program (ages 3 & up)

Legal Guardian: _____

Address: _____

City: _____State_____ Zip Code_____

Contact #:_____

Referring Agency Information

Referring Agency: _____Case Manager/PO:_____

Case Manager/PO's work #:_____ Cell Phone#: _____

FAX ALL REFERRALS TO: 702-216-2923