



Mentee Referral

Please fill out the following questions as completely as possible. This information is requested to assist the Allies Mentorship Program staff in assessing how appropriate the potential mentee is for the program. All information received will be kept strictly confidential. Allies, Inc will not release this information to any organizations or individuals without written approval. Please submit this referral along with the signed "Mentee Agreement".

Mentee Name: _____ Date: _____

Preferred Name: _____ Pronouns: _____

Date of Birth: _____ Current Age: _____

Race: (please mark one):

Black Asian Caucasian Hispanic Multi-Racial Native American

Other: _____

Parent or Guardian Name: _____

Guardian Email: _____

Guardian's Phone #: _____ Mentee Phone #: _____

Emergency Contact (if different from above): _____ Phone #: _____

Which best describes the potential mentee's current living situation:

Home with parent/ guardian Foster Home Congregant Care Facility Emergency Shelter

Homeless Other: _____

Current Address and name of residence (if applicable): _____

City: _____ State: _____ Zip code: _____

Does the youth plan to move outside Allies service area within the next 18 months? Y/ N

If yes, where? _____

Mentee Email: _____ Mentee Phone #: _____

Does the mentee work? If yes, where:

Location: _____ Work Phone: _____

Is the mentee a student? If yes, where: _____

Grade Level: _____ High School Diploma or GED obtained? _____

Does the mentee have an open probation case? yes no

Probation Officer (if yes above): _____ Phone: _____

Does the mentee have an open DCS case? yes no

DCS Case Manager Name (if yes above): _____



Phone: _____ Email: _____

List the approved individuals who are on the child's treatment team:

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Is the mentee currently engaged in therapy? yes no

Therapist Name (if yes above): _____

Phone: _____ Email: _____

List below the names of any other agency that have assisted the potential mentee and/or the family in the **past year** (Department of Child Services, counseling, SNAP, case management, etc.)

Has the youth been screened for Human Trafficking? yes no

If yes, what was the result?

Does the mentee have any known history of any of the following (mark all that apply)?

- Sexual Abuse Physical Abuse Emotional Abuse Sexual Assault Suicidal Ideation
- Running Substance Abuse Pregnancy/Parenting Neglect Gang Involvement
- Trafficking/Exploitation Survival Sex Sex Work Relationships with older men
- Residential Placement /Group Home

Please provide further explanation below, if applicable:

Relationship to trafficker (if applicable): _____

County/Location where trafficking occurred, if known: _____

Does the potential mentee have any no contact orders? _____

Has the potential mentee ever been arrested?



If known, what is the youth's ACEs score? _____

Does the potential mentee have a history of any of the following?

- Diabetes
- Cancer
- Allergies
- Blood Disorders
- Eating/Sleeping Disorder
- HIV/AIDS
- Hypertension
- Tuberculous
- Mental Health Diagnosis
- Physical Limitations

Please provide further explanation below:

Describe any particular support the potential mentee might need. (i.e., emotional, behavioral, mental, social, academic, career, etc.):

Why do you think the potential mentee would benefit from having a mentor?

In your opinion, what type of mentor would the youth benefit from?

Is there anything else you would like us to know about the potential mentee:

To your knowledge, will the potential mentee be living in the one of the following counties for the next 18 months?

Circle one: Marion, Hamilton, Hancock, Henry, Delaware, Madison, Shelby, Johnson, Morgan, Hendricks or Boone

If no, please provide some context for us to help in the matching process:

Person filling out this form: _____

Relationship to potential mentee: _____

Are you the best person to get in touch with the mentee directly? yes no

If not, how can we get in touch with the mentee for an intake interview? _____

How long have you known the potential mentee? _____

How did you hear about this program? _____

If referred, by whom? _____ Relationship: _____

Phone: _____