



**PCSAO Peer Mentoring Program
Child Referral Form**

Child's name: _____

D.O.B. _____ Age _____ Race _____ Sex _____

Case worker _____ Phone _____ E-mail _____

Current Placement: _____ Relative _____ Foster Parent _____ Other: _____

Length of time with present caregiver: _____ Total length of time in foster care: _____

Caregiver Name: _____

Address: _____

Phone: _____ Cell phone: _____ E-mail _____

Parent/Guardian Name(s): _____

Address: _____ Zip code: _____

Phone: _____ Cell phone: _____

Languages/Religious specifications: _____

Allergies or medical concerns: _____

Strengths and interests of child _____

How do you think child can benefit from the Peer Mentoring Program: _____

Completed by: _____ Date _____