

City of Detroit – Department of Health and Wellness Promotion – Youth Division
S.A.F.E.T.Y. Program
(Successful Alliance for Educating Talented Youth)

Herman Kiefer Complex - 1151 Taylor - 4th Floor / B Wing - Detroit, MI 48202

Office (313) 874-2930
Fax (313) 870-2747

REFERRAL FORM

Date: _____

Name: _____ Sex: _____ Race: _____ D.O.B. _____ SSN# _____

Address: _____ City: _____ Zip: _____

Home# () _____ Alt# () _____

Parent/Guardian Name: _____ Work# () _____

Legal Status *(are you or someone else legally responsible for this youth?): Please Circle One*

Parent Responsible Legal Guardian Co. Ward-Delinquent Co. Ward-Dependent/Neglect Co. Ward-Mental Health Ward
State Mental Health Ward State Ward-Delinquent State Ward-Dependent/Neglect Temporary Court Ward
Responsible for Self Under 18 yrs.-Emancipated Temporary Court Ward Tribal Court Ward

Address *(if different)*: _____

Referral Source: _____ Phone# () _____

Type of Referral *(please check)*: ___ Phone ___ Fax ___ Walk-In

School Attending: _____ Phone# () _____

Principal: _____ Counselor: _____

Presenting Problem (s): _____

Legal Involvement *(if any)*: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Case Assigned to: _____ Date: _____