



RUSC Kinship Mentoring REFERRAL FORM

*This form can be accessed at www.rusckinship.org

This form is to be completed by the REFERRAL AGENCY and returned to the RUSC Kinship office. Information on this form will be kept confidential and will be used to assist the executive director in matching the child with an appropriate mentor.

We ask that parent(s)/guardian(s) are informed of referrals prior to submitting them to RUSC Kinship Mentoring in order to ensure that families feel supported through the entire mentoring experience.

*Fill in all information to the best of your knowledge and as complete as possible.
Accurate contact information is very important!*

Date: _____

Referring agency: _____

Address: _____ Zip: _____

Contact person: _____ Title: _____

Phone: _____ Extension: _____ Email address: _____

I have contacted the parent/guardian of this child to make them aware of the RUSC Kinship Mentoring program and my referral.

Child's Data

Child's Name: _____ Date of Birth: _____ Grade _____ Gender: _____

Ethnic Origin: _____ Language spoken at home: _____

Parent's Name: _____ Legal Guardian: _____

Child living with: _____ Relationship _____

Street address _____

City: _____ Zip: _____

Home/Cell phone: _____ Parent work phone: _____

Place of employment: _____

Mobility of Child and Family

Does the child/family move often? Yes _____ No _____ Comments: _____

Has the child run away? Yes _____ No _____ Comments: _____

Family/Child History—Check all that apply:

Is there a history of any of the following? Physical abuse Sexual Abuse Neglect

Chem. Dependency/Alcoholism Suicidal Tendencies Disability/Illness

Rape/Teen pregnancy Mental Health Issues

Please explain:

Child's Self-Esteem

What is the child's attitude toward self? Very good Good Fair Poor

Please explain:

School/Education Information

School child is attending: _____

School Address: _____ City: _____ Zip: _____

Phone: _____ School Counselor/Social Worker: _____

Teacher: _____

Person with whom child best relates: _____

Child's attitude towards school: very good good fair poor

Child's behavior in school: very good good fair poor

Subjects child most enjoys: _____

School activities in which child participates: _____

Legal Data

Do you know of any other agencies working with this child? Yes No

Please list any of which you know:

Recommendations for matching

How do you think an adult partner would help the child?

What type of person would you suggest we match with the child?

Other comments:

Referring a child to RUSC Kinship does not insure the child's acceptance into our program. The child must meet program guidelines. The more information you provide to us, the better able we are to determine eligibility. For more information on these guidelines or if you have any questions or further comments, please feel free to contact us. Thank You!

RUSC Kinship Mentoring
215 Atlantic Ave
Morris, MN 56267
320-585-7872
RUSCKInship@gmail.com

Received by: _____ Date: _____