



# Mentoring Connections Referral Form



Email this completed form to Brianne Daly [brianne.daly1@maryland.gov](mailto:brianne.daly1@maryland.gov)  
For any questions or concerns, please call 301-278-1277 or email [brianne.daly1@maryland.gov](mailto:brianne.daly1@maryland.gov)

## We Provide

Care coordination for at-risk youth who are facing any issues at home, in school, or in the community, including mental health concerns and risky behaviors.

## Services Include

Individualized care coordination, resilience screening, education on ACEs, youth mentoring organizations, and resources for community services.

**Eligibility: Youth (7-17) who reside in St. Mary's County.**

Date

Referral Source (Name & Organization)

## YOUTH INFORMATION

Name

DOB

School

Grade

Age

Race

Sex

Pronouns

Street  
Address

City

State

Zip

## PARENT/GUARDIAN INFORMATION

Name

Phone

Email

### Race (please select all that apply):

- African American/Black  Caucasian/White  Hispanic/Latino  Native American   
Middle Eastern/Northern African  Asian or Pacific Islander  Alaskan Native   
Other  Unknown/Prefer not to answer

Language Barrier: Yes  No  Specify language:

## REFERRAL REASON

## NOTES (ANY ADDITIONAL INFORMATION)