



## Mentoring Connections Program Referral Form

Please email the following information to Brianne Daly at [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).

The Mentoring Connections Program provides 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 offered include:* individualized care coordination, a resilience screening, education on ACEs, resilience, youth mentoring organizations, and resources for community services.

Services will be offered with a personalized, nonjudgmental and caring service delivery.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referral Source (Name and Organization) \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Sex: \_\_\_\_ Pronouns: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Race (Please select all that apply): African American/Black      Caucasian/White

Alaskan Native/Unknown      Native American      Hawaiian or other Pacific Islander





**Hispanic:** Yes or No      **Language Barrier:** Yes or No      **Specify language:** \_\_\_\_\_

**Reason for referral:**

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**Notes** (*any information you feel is necessary*): \_\_\_\_\_