



CARY Project

Connecting with At-Risk Youth

Referral Form

The CARY Project, developed by the ADAMHS Board and community members, is designed to create a personal and individualized response about the journey and impact of addiction to increase insight and awareness for at-risk youth

Submitting the referral sheet signifies the youth and parent have been made aware of the program and are willing to participate and transport.

Youth Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name: _____ Gender: M F

In case of emergency: Home Phone: _____

Cell Phone (parent): _____ Cell Phone (youth): _____

School District: _____

School Contact (only necessary if school is the referral source): _____

School Contact Number (only necessary if school is the referral source): _____

Reason for Referral: _____

Is there anything additional about the youth or family that would be important for the CARY support person to know: _____

Youth's availability: Open availability outside of school hours **OR**

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

A copy of the consent form signed by the parent must be included for the referral to be considered complete.

Person Completing this form: _____ Relation to youth: _____

Internal use-

Date received: _____ Date Assigned: _____ CARY support: _____

Date of meeting: _____ Location: _____ Final report received: Yes No

2nd Quarter data received: Yes No End of the year data received: Yes No

Please submit the form via fax (330-364-3307) or a scanned copy to natalie@adamhtc.org