

**YouthBuild Referral Form**

South Seattle Community College, Georgetown Campus

*6737 Corson Avenue South, Building B, Seattle, WA 98108*

 Phone**:** (206) 295-3081 **Email:** troy.hayman@youthcare.org

**Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Making Referral: Referring Program/Organization**:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Staff Email: Referring Staff Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Age:**

**Client Birthday:**

**Does client have a GED or HSD?** YES / NO

**Client is interested in the following career: (Circle one or all that applies)**

\*Laborer \*Carpenter \*Welder \*Electrician \*Plumber \*Cement Mason \*Flagger \*Other/Undecided: