Fresh Lifelines for Youth

Alameda County Law Program Referral Form

Date of Referral: _____ Person Making Referral: _____

Referring Offense (or reason for referral): _____

Probation Status (i.e. general): _____ Probation Officer Name: _____

Probation Officer Phone: _____ Probation Officer E-mail: _____

YOUTH INFORMATION

Youth Name: _____
First M.I. Last

Date of Birth: _____/_____/_____ Gender: _____ Primary Race/Ethnicity: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School: _____ Petition/Case Number: _____ Next Court Date: _____

List any programs the youth is currently participating in (i.e. Aftercare, Collaborative Court, etc.): _____

_____

Does the youth need to complete community service hours? If so, how many? _____

FAMILY INFORMATION

Guardian Name: _____ # of people in household: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Head of Household (circle one): Male Female Yearly Household Income: _____

Emergency Contact Information: _____

Other Notes/Areas of Concern: _____

_____

Please check the Law Site you are referring your youth to attend

- ○ Berkeley Youth Alternatives - 1255 Allston Way, Berkeley, CA 94702
- ○ East Oakland Youth Development Center - 8200 International Blvd, Oakland, CA 94621
- ○ Soulciety at Reach Ashland - 16335 E 14th St, San Leandro, CA 94578

Thank you for your referral! Please email completed referrals to Jamela@flyprogram.org. Please feel free to give us a call or email if you have any questions or concerns! **Phone: 510-703-2099 Email: Jamela@flyprogram.org**

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