MENTOR
RHODE ISLAND

CONNECT.
INSPIRE.
EMPOWER.

875 Centerville Rd, Bldg 3, Unit 9, Warwick, RI 02886
Tel. (401) 732-7700, Fax (401) 732-7715
www.mentorRI.org

Juvenile Justice Initiative-Referral Form

Please mail/email signed application to: Marisol Feliciano, Chief Program and Partnerships Director
mfeliciano@mentorri.org Cell # 401-598-6583

Name of Youth Participant_____ Date of Birth_____

Home Address **(Include Apartment Number/Letter when applicable)**

_____

City_____State_____ ZIP_____

Youth Participant's Parent/Guardian_____

Parent Cell Phone_____ Youth Cell Phone _____

E-mail Address_____

School_____ Grade_____

Emergency Contact_____ Emergency Contact Phone _____

Relationship to participant _____

Police Dept. ☐ Probation ☐ Juvenile Courts ☐ DCYF ☐ Community Program ☐ School ☐

Referral provided by **(Program Name, School, Agency and/or Department – Include Name & Email)**

_____

Referral Type: Prevention ☐ Post-Arrest ☐

Reason for referral: _____

_____

_____

Current Offenses: _____

_____

_____

Prior offenses, convictions, or pending court hearings: _____

_____

_____

_____

Additional information or comments:

_____

_____

_____