



## YOUTH SELF-REFERRAL FORM

CASA of Santa Cruz County appreciates your interest in our program.

Your referral helps us collect information to better serve you and also indicates your consent to services

If you need assistance completing your referral, you can ask your Social Worker, ILP Coordinator, or contact Megan Grewohl, CASA Older Youth Specialist, at (831) 761-2956 x109 or [megan@casaoofsantacruz.org](mailto:megan@casaoofsantacruz.org)

**Today's Date:** \_\_\_\_\_

Your Court Case Number: \_\_\_\_\_  
*(If you know it)*

### Your Contact Information:

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: **OTHER** \_\_\_\_\_

Best Phone Number to reach you: \_\_\_\_\_

Is this **your** number?  Yes  No

Alternative Number: \_\_\_\_\_

if not, whose is it? \_\_\_\_\_

E-mail: \_\_\_\_\_ @  gmail.com  yahoo.com  hotmail.com  icloud.com  
*(Optional)*

### Your Housing:

Who do you live with (name)? \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Do you think you might move soon?  Yes  No  
*(Optional)*

If so, where might you move? \_\_\_\_\_

### Your Team/Important People:

**Which county has Jurisdiction of your case (i.e., where do you go for Court)?** \_\_\_\_\_

Social Worker: \_\_\_\_\_

Therapist: \_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

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

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

ILP Coordinator: \_\_\_\_\_

Teacher: \_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

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

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

**What kinds of help do you want from a CASA volunteer?**

**Education** (for example; meeting high school graduation requirements, college advice and resources, scholarship search, etc.)

**Where do you go to school?** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Employment** (for example; creating a resume and cover letter, job search, interview skills)

**Budgeting**

**Are you currently employed?**  Yes, at: \_\_\_\_\_  No

Someone to do **fun stuff** with in the community

Someone to call for **assistance & support**

All of the above

Please explain any of these or share something else you would want from a CASA volunteer:

**What days/times do you have available to meet up with a CASA volunteer?**

**Your likes/interests/hobbies/favorite food:**

**Anything else you want us to know in order to better serve you? For example, the type of advocate you would work best with? (i.e., age, gender, ethnicity, language, hobbies, career path, etc.):**

**NEXT STEPS:**

1. Send your form to CASA of Santa Cruz County office via mail, fax or email (with form as an attachment):

813 Freedom Blvd, Watsonville, CA 95076 ----- or ----- Fax: (831) 761-2913

----- or ----- [megan@casaofsantacruz.org](mailto:megan@casaofsantacruz.org)

2. CASA will contact you **and** your Social Worker when we receive your Self-Referral Form. We will stay in touch and confirm when we have a CASA Volunteer ready to work with you

If you need to reach us, please contact Megan Grewohl at (831) 761-2956 x109 or [megan@casaofsantacruz.org](mailto:megan@casaofsantacruz.org)