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@casaofsantacruz.org

Today’s Date: ____________________ Your Court Case Number: ____________________

Your Contact Information:
Full Legal Name: ____________________________ Date of Birth: ____________________
Preferred Name: ____________________________ Preferred Pronouns: OTHER
Best Phone Number to reach you: ____________________
Alternative Number: __________________________
E-mail: ____________________________ @ gmail.com □ yahoo.com □ hotmail.com □ icloud.com

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
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: _ (_______)__________ Email: ____________________________
ILP Coordinator: ____________________________ Teacher: ____________________________
Phone: _ (_______)__________ 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

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