

Foundation for Hope Camp

Referral Form

Referral Agency

Agency Type (circle or underline one)

Juvenile Justice Adult Justice DCS School FFY Other _____

Agency Name

Agency Contact Title

Phone Number Email

Address

Length of time involved with the focus child

Focus Child being referred

First, middle and Last, legal name

DOB Age

School status: Attending in person Attending on-line Expelled Withdrawn

If attending: Name of school

What is this child's ACE (Adverse Childhood Experiences) score?

Describe the behaviors your focus child is exhibiting:

Does this child have a history of physically unsafe behavior? If Yes, Please explain:

Does this child have a history of harming others, animals or themselves? If yes, Please explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with this child?

Please list 3 goals that you hope for this child to achieve during camp:

- 1
- 2
- 3

Sibling/Other children in the home Information

Sibling/Other 1

First Last
Relationship
Date of Birth Age
Address
Plans to attend Foundation for Hope Camp Yes No

Sibling/Other 2

First Last
Relationship
Date of Birth Age
Address
Plans to attend Foundation for Hope Camp Yes No

Sibling/Other 3

First Last
Relationship
Date of Birth Age
Address
Plans to attend Foundation for Hope Camp Yes No

Sibling/Other 4

First Last
Relationship
Date of Birth Age
Address
Plans to attend Foundation for Hope Camp Yes No

Sibling/Other 5

First Last
Relationship
Date of Birth Age
Address
Plans to attend Foundation for Hope Camp Yes No

Additional sibling or other information

List any additional children living in the home.

Additional Information

Is there anything else you would like us to know, while considering this family for camp involvement?

Date Preference

The FFH dates for 2024 are as follows. Please select for first and second choice, for consideration

_____ April 25th-27th

_____ June 27th-29th

_____ September 26-28th

Foundation For Hope Camp staff use only

Referral Received

Referral Formally Reviewed

Camp dates assigned:

_____ April 25th-27th

_____ June 27th-29th

_____ September 26-28th

Special Considerations/Notes