

SIRP (Student Intervention & Reintegration Program) Referral Form for Lincoln County

Mail, or E-mail This Form To: HLC Substance Use Prevention, Att: Emily Bauer, 280 Main Street,
Damariscotta, ME 04543. **E-mail:** ebauer@mcdph.org **Phone:** 207-622-7566 ext 204 or 207-563-1330

Youth's Name: _____

Youth's Home Address: _____ **Youth's Phone # :** _____

Name of Parent/Guardian: _____ **Phone #:** _____ **Email:** _____

Emergency Contact Name & Phone Number (other than Parent/Guardian listed above) :

Other comments or Notes from Referral Source (special conditions, special accommodations/needs, etc.):

If referral is from person other than parent, has parent been notified? _____ **if so, Date:** _____

If not, please comment: _____

Date Referral Made: ____ / ____ / ____

Youth's Demographic Information:

Age: ____ **Birthday:** ____ / ____ / ____

Gender: ____ Male ____ Female ____ Intersexed or Transgender (confidential)

Race/Ethnicity: ____ White ____ Hispanic ____ African America ____ More than one
 ____ Asian ____ American Indian ____ Alaska Native
 ____ Native Hawaiian ____ Pacific Islander ____ Other

Name of Youth's School and Town: _____

Person Making Referral to Program (If parent, leave blank): _____
 (list name, title and relationship to youth)

Referent's Phone # _____ **Fax #** _____ **Email:** _____

Indicate Reason for Referral and Corresponding Date of Most Recent Violation/Incident Leading to Referral:

Reason for Referral <i>(check all that apply)</i>	Month and Year of the Most Recent Violation/Incident Leading to Referral
____ Self Referral to Program	Not applicable
____ Parent/Guardian Referral	Not applicable
____ Violation of School Drug/Alcohol Policy	Date: ____ / ____ (if available)
____ Arrest or Citation involving drugs and/or alcohol	Date: ____ / ____ (if available)
____ Violation of Probation	Date: ____ / ____ (if available)
____ Reports (by self or other) of being impaired within last 30 days	Date: ____ / ____ (if available)
____ Other (please explain) _____	Date: ____ / ____ (if relevant)

Internal Use only:

Send attendance confirmation sent to: _____ Did not complete class _____