

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School status:      Attending in person      Attending on-line      Expelled      Withdrawn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

\_\_\_\_\_ March 8 & 9, 2024

\_\_\_\_\_ May 31 & June 1, 2024

\_\_\_\_\_ August 23 & 24, 2024

\_\_\_\_\_ November 15 & 16, 2024

### **Foundation For Hope Camp staff use only**

Referral Received

Referral Formally Reviewed

Camp dates assigned:

\_\_\_\_\_ March 8 & 9, 2024

\_\_\_\_\_ May 31 & June 1, 2024

\_\_\_\_\_ August 23 & 24, 2024

\_\_\_\_\_ November 15 & 16, 2024

Special Considerations/Notes