



MVSKOKE MENTORS



MENTEE REFERRAL

School Personnel must have written consent from the parent/guardian prior to making a referral.

Youth Full Legal Name: _____

First

Middle

Last

Aliases: *Please list other names that you go by such as a nickname or any other name that you have represented as your own. If none, enter "None".*

Date of Birth: _____ / _____ / _____ **Age:** _____

Tribe: _____ **Roll Number:** _____ **Gender:** _____

Phone Number: _____ - _____ - _____

If message #, please list the name of the person to receive the message: _____

Email Address: _____

Mailing Address

Street/PO Box/RR: _____

Apt./Suite/Lot: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Youth's Current Education Level:

Mark only one.

- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Working on GED

What are some challenges the youth is currently experiencing?

- ☐ School performance
- ☐ Peer relationships
- ☐ Family issues
- ☐ Foster care
- ☐ Juvenile issues (delinquency, crimes, runaway, etc.)
- ☐ Educational support
- ☐ Experienced traumatic event (death, abuse, etc.)
- ☐ Other: _____



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Does the Youth want to participate in mentoring?:

Mark only one.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Other: _____

Does the Youths' Parent/Guardian want the youth to participate in mentoring?

Mark only one.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Other: _____

Parent/Guardian Information:

Parent/Guardian First and Last Name:

Parent/Guardian Email:

Parent/Guardian Phone Number:

Second Parent/Guardian First and Last Name:

Second Parent/Guardian Email:

Second Parent/Guardian Phone Number:

Parent/Guardian Marital Status:

Mark only one.

- ☐ Divorced
- ☐ Married (including common law)
- ☐ Separated
- ☐ Single (never married)
- ☐ Widowed

Are either or both Parent/Guardians a Veteran?

Mark only one.

- ☐ Yes
- ☐ No
- ☐ Active Military

What are the Youth's strengths?

Describe the Youth's school performance: *Include grades, attendance, behaviors, challenges, etc.*



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Describe the Youth's relationships with friends: *(How many friends, status of the relationships, etc.)*

Describe the Youth's relationships with others: *(Parent/Guardians, other relatives, teachers, etc.)*

Describe any traumatic events the Youth has experienced in the last year:

(i.e., death in the family, abuse, divorce, etc.)

If the Youth is not currently experiencing a challenge(s), but is at risk, please describe:

Please provide any additional information that you would like us to know about the youth:



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Referral Source

Source Name: _____

Mailing Address:

Route, Street, Avenue, etc. _____

Apartment, Suite, etc. _____

City _____

Zip Code _____

Email Address _____

Phone Number _____

What is your primary relationship with the youth?

Mark only one.

- ☐ Caseworker
- ☐ Ceremonial Grounds Member
- ☐ Church Member
- ☐ Coach
- ☐ Community Member
- ☐ Family Member
- ☐ Friend
- ☐ Neighbor
- ☐ School Staff
- ☐ Teacher
- ☐ Other: _____

How did you hear about Mvskoke Mentors?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Website | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> School Event | <input type="checkbox"/> Church | <input type="checkbox"/> Ceremonial Grounds |
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Program Participant - Mentee | <input type="checkbox"/> Program Participant - Mentor | |
| <input type="checkbox"/> Program Participant - Parent/Guardian | | <input type="checkbox"/> MNYS Staff | |
| <input type="checkbox"/> Other: _____ | | | |

By signing my name here, I affirm that the information is true to the best of my knowledge:

Signature

Date

CHECKLIST: ☐ Tribal Enrollment Card (if available)

MAIL TO: MNYS, PO Box 580, Okmulgee, OK 74447
IN PERSON: 700 N. Mission, Okmulgee, OK 74447

RETURN TO:

FAX TO: 918-758-2750
EMAIL TO: mvskokementors@mcn-nsn.gov