

African American Young Males Program

Name: _____ Date: _____

Address: _____ Date of Birth: _____

City & State: _____ Zip: _____

Cell/Home Phone: _____ May we leave a message? Yes No

Email Address: _____

Living Status: Lives with Parent(s), Lives with Guardian, Lives in Group Home, Lives with other Family Member(s), Other: _____

Parent/Guardian: _____

Phone: _____ Email: _____

School Status: High School Middle School Other _____ Not in school

School: _____ Full-time Student Part-time Student

Please Circle One

Referred by: Parent, Family Member, Counselor, School, Juvenile Court, Judge, Hospital,

Probation/Parole, Doctor, Psychologist, Psychiatrist, Friend, Self, Other: _____

Name of Referral Person: _____

Referral Person's Address: _____

Telephone Phone: _____ Email Address: _____

Please return the completed intake form to Shelby at shumblesjr@mediacombb.net or Dedric at dedricdoolin@gmail.com Thanks.