



Referral Form

Seaside Youth Resource Center

1136 Wheeler Street
Seaside, CA 93955
Phone: 831-899-1105

Office Hours: Monday -Friday, 9-6 pm

How to submit a Seaside Youth Resource Center Referral Form:

- Scan & e-mail to:
 - acollick@ci.seaside.ca.us
 - tblack@ci.seaside.ca.us
- OR
- Drop off @ SYRC Office

SYRC Office Staff only

Date referral received: _____
 Date client contacted: _____
 Date of Intake appointment: _____
 Referral closed: _____

Please fill in the following information if you would like to refer a client to the Seaside Youth Resource Center (SYRC). You and/or the client/guardian will be contacted by a Staff Member from the SYRC about the next steps to schedule an appointment to begin services that meet the needs of the youth, family and/or young adult.

Date: _____
 To: **Seaside Youth Resource Center** Referred by: _____
 Tel. #: _____ Agency: _____
 Title: _____ Email: _____
 Is client/family aware they are being referred to SYRC? Yes ___ No ___ Other: _____

How did you hear about SYRC?

___ School ___ Friend ___ Flyer/Brochure
 ___ SYRC Client ___ Probation Dept.
 ___ Behavioral Health ___ SYRC Staff
 ___ Other: _____

First & Last name of Child: _____ Age: _____ DOB: _____ Gender: _____
 Primary language: _____ School Name: _____ Grade: _____
 Currently on Probation: ___ Yes ___ No P.O. Name: _____
 Ethnicity, please check all that apply: ___ African-American ___ Asian ___ Caucasian ___ Indian ___ Latino ___ Native-American
 ___ Pacific Islander ___ Other: _____
 Is this client receiving services from any other county/city agencies/programs? ___ Yes ___ No If yes, please list what services?

Primary Guardian Name: _____
 Relation to Client: _____
 Phone Number: _____
 Alternate Phone #: _____
 Guardian primary language: _____

Additional notes, strengths or interests:

Reason For Referral: (Please check all that apply)

___ Behavior issues at school ___ Failing Grades ___ Truancy ___ Gang involved ___ Gang activity
 ___ Family gang-involved If gang involved, please list additional notes: _____
 ___ Substance abuse ___ Experimenting w/ drugs/alcohol
 If substance(s) are used, please list what substance(s): _____
 ___ Violent towards others ___ Aggressive behaviors/attitude If so, please explain: _____
 ___ Suicidal ___ Suicide ideation ___ History of suicide attempts If so, date of last attempt: _____ Hospitalized? ___ Yes ___ No
 ___ Drug/Alcohol Counseling ___ Therapy (individual and/or family) ___ Mentoring/Positive Guidance Support
 ___ Youth Leadership/Development program ___ Academic support/intervention ___ Employment Experience/Opportunity

The Seaside Youth Resource Center (SYRC) is a one-stop referral-based program providing our youth and their family's access to a variety of service providers operating as local agencies, non-profit organizations, faith-based groups, etc. to support the dynamics of their children/family needs and/or challenges and other opportunities for them to thrive and be successful.