



Coastal Office  
305 Bond Street, 2<sup>nd</sup> Floor  
Asbury Park, NJ 07712

Northern Office  
21 Western Ave, 1<sup>st</sup> Floor  
Morristown, NJ 07960

## PROFESSIONAL REFERRAL TO BIG BROTHERS BIG SISTERS PROGRAM

### I. REFERRAL INFORMATION:

Worker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

School/Agency Name: \_\_\_\_\_ Office Days/Hours: \_\_\_\_\_

### II. CHILD INFORMATION: (Please complete to the best of ability)

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Language of Parent/Guardian: \_\_\_\_\_

#### Marital Status:

Select: Single Married Divorced Widowed Separated Other How long? \_\_\_\_\_

Family Composition in Home: (include ages of parent/guardian & children)

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**III. OTHER INFORMATION:**

What is whereabouts of absent parent?

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What is the extent of contact the child has with the absent parent?

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Reason for referral:

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Is family aware of referral? Select: Yes No

What is the parent's attitude toward the referral?

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What is the child's attitude toward the referral?

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What are the personality characteristics of the child?

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Special needs of child:

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Goals of school/agency working with family:

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Are other agencies involved? Select: Yes No  
If so, which ones?

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Additional comments:

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