

Twin Falls County  
Twin Falls Youth Services Center  
650 Addison Ave. W. Suite 3100  
Twin Falls, ID 83301

### Referral Form

Date: \_\_\_\_\_

#### Referring Agency/Individual Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Youth Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Language: \_\_\_\_\_

School: \_\_\_\_\_ IEP/504 Plan: Yes  No

#### Legal Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

What is the family's primary language? \_\_\_\_\_

Are interpreter services needed? Yes  No

#### Reason for Referral

What services or resources could the Youth/Family benefit from?

\_\_\_\_\_

#### Other

Is this a 4-Hour Hold referral? Yes  No

Has Parent/Guardian been informed of this referral? Yes  No  \_\_\_\_\_

Is Youth on Diversion or Probation? Yes  No

Charges: \_\_\_\_\_

Phone: 208-736-3947  
Email: [youthservicescenter@tfco.org](mailto:youthservicescenter@tfco.org)