



COPES 4 Youth  
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 Pendleton, OR 97801  
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 Program Director: 541-304-2793



## Youth Referral Form

Name of Referring Partner: \_\_\_\_\_ Date \_\_\_\_\_

Referring Phone: \_\_\_\_\_

Referring Email: \_\_\_\_\_

Affiliation to Youth: \_\_\_\_\_

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*If the youth client is age 14 or older, COPES 4 Youth can contact the client directly. If the client is under 14, COPES 4 Youth will not contact the client without parent consent.

Youth Phone: \_\_\_\_\_ Youth Email \_\_\_\_\_

Youth Address \_\_\_\_\_

\*\*Can COPES 4 Youth leave a message at this number?  Yes  No

Parent(s)/Guardian(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

\*\*If the youth client is age 14 or older, does COPES 4 Youth have permission to contact parent(s)/guardians(s)?  Yes  No

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the youth been charged, or is at risk of being charged with a crime relating to substance use?  Yes  No

Interested Service:  COPES 4 Youth Peer Services  COPES Outpatient Services