



**CLARK COUNTY YOUTH SHELTER & FAMILY SERVICES, INC.**

COMMUNITY REFERRAL LIST

Month of \_\_\_\_\_

| Date Of Call | Regard To Youth (Y/N) | Contact Type |         | Person Requesting Services |                  |                  |              | List Where Individual Was Referred |
|--------------|-----------------------|--------------|---------|----------------------------|------------------|------------------|--------------|------------------------------------|
|              |                       | Call-In      | Drop-In | Youth (Self)               | Parent/ Guardian | Relative/ Friend | Other Agency |                                    |
|              |                       |              |         |                            |                  |                  |              |                                    |
|              |                       |              |         |                            |                  |                  |              |                                    |
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|              |                       |              |         |                            |                  |                  |              |                                    |

*This form is to be turned in each month with your monthly report. If you do not complete a monthly report as part of your position, please turn form into the Assistant Director at the end of each month.*

\_\_\_\_\_  
Staff Signature

|                 |
|-----------------|
| Exec. Dir. ____ |
| Asst. Dir. ____ |