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	

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. ___