



TAMPA BAY ACADEMY OF HOPE RISE YOUTH REFERRAL

1. Referral source and youth information

RISE (Relationships, Informed Choices, Self-Sufficiency & Empowerment) serves youth ages 14 to 19 in Hillsborough County, in schools and community sites. It uses the evidence-based Love Notes curriculum to help teens build healthy relationships, make informed choices about their health, and prepare for adulthood. It is free and voluntary, and parents and guardians can review the materials.

Share only what is needed for a referral. Do not include Social Security numbers or attach school, medical, or case records. This form is not monitored for emergencies. If a youth is in immediate danger, call 911. To report abuse or neglect, call the Florida Abuse Hotline at 1-800-962-2873.

Save the completed form and email it to Youth_Referral@tampahope.org. Questions? Call (813) 620-4029.

REFERRAL SOURCE

Referral date

Referring person / title

Organization / school (or self or family referral)

Phone

Email

- ☐ School ☐ Community agency ☐ Foster care / child welfare ☐ Housing authority
☐ Faith community ☐ Health provider ☐ Parent / guardian ☐ Youth self-referral

YOUTH INFORMATION

Youth name

Date of birth

Age (14-19)

School

Grade

City / ZIP code

Youth phone or email (if appropriate)

Lives in Hillsborough County?

- ☐ Yes, Hillsborough ☐ No ☐ Not sure

Living situation (optional)

- ☐ With parent(s) ☐ With relative ☐ Foster or group care ☐ Other or prefer not to say



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2. Parent or guardian, reason for referral, consent, and TBAH follow-up

PARENT, GUARDIAN, OR CASE MANAGER

Parent or guardian name

Relationship

Phone

Email

Preferred language

Case manager (name, agency, phone), if any

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- ☐ Healthy relationships ☐ Informed choices about health ☐ Conflict resolution
☐ Career and financial readiness ☐ Online safety / trafficking awareness ☐ Self-regulation skills
☐ Parent-child communication ☐ Positive peer group ☐ Other

Brief reason for referral and youth strengths (minimum necessary detail)

Times that work

- ☐ During school ☐ After school ☐ Weekend ☐ Summer

CONSENT AND CONTACT

These checkboxes record contact preferences only. TBAH will collect signed parent or guardian consent before a youth under 18 takes part.

- ☐ Parent or guardian is aware of this referral ☐ Youth is aware of this referral
☐ Parent or guardian agrees to be contacted by TBAH

Parent or guardian signature / typed acknowledgment (optional)

Date

Next step: save the completed form and email it to Youth_Referral@tampahope.org. Questions? Call (813) 620-4029.
www.tampahope.org

TBAH STAFF USE ONLY

Received by / date

Assigned staff

- ☐ Contacted family ☐ Consent received ☐ Enrolled ☐ Referred elsewhere ☐ Unable to contact

Group / site / start date / next action