



Project Amp Referral Form



Project AMP Coordinator Information:

Malikah Jeffries, 130 Maple St. Suite 340, Springfield MA 01105

Phone: 413.419.8207, mjeffries@gandaracenter.org

Project AMP – is a mentorship program that supports adolescents living with substance use disorders, mental health and other challenges. Over four to six sessions, youth will explore their interests, goals, and social and community support; as well as their perceptions about mental well-being, alcohol, substance use, mental health and related risks. The program will foster a relationship of empowerment to help them reach their goals and strive towards self resiliency.

Personal Information

Referral Date: _____

Name: (pronouns) _____

D.O.B: _____ Age: _____ Phone: _____

Sex: _____ Gender: _____ Race: _____ Nationality: _____

Hispanic/Non-Hispanic: Y/N (**please circle**)

Phone: _____ Email: _____

Address: _____

Fax: _____ Best time to call: _____

School: _____ Program: _____

Referral Information

Referred by:

Program/Parent/Caregiver: _____

Role/Name: _____

Contact: _____

Address: _____

Email: _____

Eligibility (check all that apply)

Youth, who have a family history of SA or MH challenges?

Youth, who may use alcohol, tobacco, or other drugs but not experiencing addiction or related issues?

Youth, who have tried using, but do not use them regularly

Youth, who feels disconnected from school, friends, family or community

Youth, experiencing mental health challenges, depression, anxiety, trauma and stress related issues

Youth, seeking support around wellness and coping skills

Assessments

SBIRT Date: _____ **Score:** _____ **By:** _____

CRAFFT Date: _____ **Score:** _____ **By:** _____

Additional reasons for referral:

Is the Guardian of the youth aware of you making an inquiry for Project Amp services? Y or N (**circle one**)

Is the youth aware of you making an inquiry for Project Amp services? Y or N (**circle one**)

Signature: _____

Date Signed: _____

**Forward form to: Malikah Jeffries, Project AMP Coordinator,
mjeffries@gandaracenter.org, 413.419.8207**

Internal use only:

Date received: _____ **Signature:** _____