



Mentoring Connections Program Referral Form

Please email the following information to Brianne Daly at brianne.daly1@maryland.gov. For any questions or concerns, please call 301-278-1277 or email brianne.daly1@maryland.gov.

The Mentoring Connections Program provides care coordination for at-risk youth who are facing any issues at home, in school, or in the community, including mental health concerns and risky behaviors.

Services offered include: individualized care coordination, a resilience screening, education on ACEs, resilience, youth mentoring organizations, and resources for community services.

Services will be offered with a personalized, nonjudgmental and caring service delivery.

Eligibility: Youth (7-17) who reside in St. Mary's County.

Date: ____/____/____ Referral Source (Name and Organization) _____

Name: _____ DOB: ____/____/____ Age ____

Sex: ____ Pronouns: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____ Parent's Phone Number: _____

Parents Email: _____

Race (Please select all that apply): African American/Black Caucasian/White

Alaskan Native Unknown Native American Hawaiian or other Pacific Islander





Hispanic: Yes or No **Language Barrier:** Yes or No **Specify language:** _____

Reason for referral:

Notes (*any information you feel is necessary*): _____