



In My Shoes, Inc.

Mentor Request Form

Date Sent _____

Prior to submitting referral, please confirm youth's interest in having a mentor. If the youth currently has a significant adult in his/her life, ensure roles do not conflict with services that are already being provided.

Youth's Name: _____ Age: _____ DOB: _____

Case Manager: _____ Unit: _____ Fax: _____

Phone: _____ Ext: _____ E-Mail: _____

Youth's Caretaker: _____ Phone: _____

Address: _____

Youth's Judge: _____ Phone: _____

Youth's Lawyer: _____ Phone: _____

Youth's background/history:

Behavior problems:

Youth's personality and interests:

Why do you want a mentor for this youth:

Fax referral to In My Shoes at (520) 747-1138 or send to:

**In My Shoes, Inc.
4710 E. 29th Street
Building # 17
Tucson, AZ. 85711**