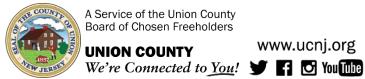
Union County Department of Human Services Youth Services Commission & Proceed Inc. Presents:

Fearless Girls

"Girls Empowerment Program"

Referral Form

Referral Date:	Referral S	Referral Source: [Please Print]				
Service Requested: Deterstown Community Ctr. May 14th – July 30th, 2019	Name of Person Making Referral					
6:00-7:30pm	Organizatio	n				
□ Linden Public Library Sept 3 rd − Nov 26 th , 2019 6:00-7:30pm	Phone		Fax			
□ Elizabeth Public Library Jan 7 th , - Mar 24 th , 2020 6:00-7:30pm (Tentative)	Email					
Youth Participant Informatio	n: [Please Pr	int]				
Juvenile's Name		DOB	Age	Gender	Race/Ethnic Origin	
Address						
☐ Parent Name ☐ Guardian N	Vame		☐Home Phone	■ Work ph	one	
Parent/Guardian Email						
Fax or Email Referral to: Patricia Scala 908-527-4888 Phone						
908-527-4888 Phone 908-527-4212 Fax						



pscala@ucnj.org Email





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Parent/Guardian Email						
Fax or Email Referral to:						
Patricia Scala 908-527-4888 Phone						
908-527-4212 Fax						
pscala@ucnj.org Email						

