



BOYS & GIRLS CLUBS
OF HUDSON COUNTY

REFERRAL FORM

**Gang Prevention
Through Targeted Outreach Program**

It is understood that before contacting the "GPTTO" at the Boys & Girls Clubs of Hudson County, the suggestion to refer this child has been discussed with the child and their family and both parties have agreed to participate.

Date: _____ Referral Agency: _____

Name of person making referral: _____

Contact phone # _____ Fax # _____

Child being referred: _____

Age: _____ DOB _____ Grade: _____ School: _____

Parent/guardian: _____

Relationship to child: _____ Phone #: _____

Current living address of youth: _____

Emergency contact and relationship: _____

Is there any specific information we should know regarding the referred child?

**Contact:
Lorraine Nwaoko**

Fax: 201- 333 - 5640

Phone: 201- 333- 4100 ex 309