

Youth Services Bureau  
306 Union Avenue  
Laconia, NH 03246  
524-9457

**PRIME FOR LIFE COURSE**  
**REFERRAL FORM**

<b>Date of Referral:</b> _____	<b>Referral Source:</b> _____
<b>Referral Contact:</b> _____	<b>Date of incident/offense</b> _____
<b>NAME:</b> _____	<b>Telephone:</b> _____
<b>ADDRESS:</b> _____	<b>Date of Birth:</b> _____
_____	<b>AGE:</b> _____
<b>Parents/Guardians:</b> _____	<b>Work Telephone:</b> _____
_____	<b>Work Telephone:</b> _____

**Reason for Referral:** \_\_\_\_\_

**Track of program that is most appropriate for this youth:**

- Prevention**
- Prevention and Early Intervention**
- Pretreatment or other Intensive Intervention**