

REFERRAL FORM

UFC College Readiness Program (CRP)



Referral Party Information:

Date: _____

Name: _____ Phone # _____

Email: _____ DCFS Office or Agency: _____

Relationship to Student (i.e., DCFS CSW, FFA Worker, guardian etc.): _____

How did you hear about us?(circle) E-Blast Online Mailer Presentation Tabling event Poster
Edelman Court LA Kids UFC Staff Other: _____

Student Information:

Student Name: _____ Date of Birth: _____

School Attending: _____ Grade: (circle) **7 or 8**
(when eligible to join)

Caregiver Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Mailing Address: _____
number & street city, state, zip

Other Important Adults in Student's Life:

Please include all known information, as it will speed up the enrollment process.

DCFS Social Worker
(if not referral party) _____ Phone #: _____

FFA Worker
(if not referral party) _____ Phone #: _____

Attorney
(if not referral party): _____ Phone #: _____

Other Adult
(if not referral party) _____ Phone #: _____

Please submit referral form by mail, fax, email, or phone.

MAIL UFC College Readiness Program
1055 Wilshire Blvd, Suite 1955
Los Angeles, CA 90017

FAX (213) 580-1820

EMAIL carolina@unitedfriends.org

PHONE (213) 975-1406