



### Mandated Assistance Program Referral Form

Please fill out as completely as possible and fax this form to the M.A.P. coordinator at 310-247-1491

**Student & Referral Information:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Student's Mother: \_\_\_\_\_ Student's Father: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_  
Phone (cell/work): \_\_\_\_\_ Phone (cell/work): \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Where does student live:  Home w/ both parents  Home w/mother  Home w/father  Boarder  Other  
If checked boarder or other please write contact information below:

Name(s) of who student lives with: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/cell Phone: \_\_\_\_\_

**Reason for Referral (why substance use is suspected):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observations:**

- Change of friends
- Excessive lying
- Unhappy/depressed
- Appears Tired
- Unexplained grade changes
- Blood shot eyes
- Explosive
- Poor Hygiene
- Unexplained/many absences
- Dilated pupils
- Hyperactive
- Cheats/steals
- Odor of alcohol/drugs
- Reported using
- Lacks Control
- Self-disclosure
- Mood swings
- Significant weight change
- Poor Concentration
- Other

If you have checked any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include information about student's family history, academic performance, social skills, and any other information about student that may be relevant : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

