

Mentors for Children of Prisoners Referral Form for Community Agencies

This form is to be used by Community Agencies in making a referral of a child to the Central Oregon Partnerships for Youth (COPY) program. COPY connects safe and appropriate adult volunteers as mentors for children with at least one parent or caregiver in jail or prison.

There are a few simple criteria for a child to be involved with this program:

- **The child is between the ages of 5 and 15 years old.**
- **The child and caregiver live in or near Deschutes County.**
- **The incarcerated parent or caregiver must be currently in jail or prison.**
- **The caregiver is supportive of the child being involved in the program.**

Please provide the child's caregiver a COPY brochure to explain the objectives and requirements of the program. If a brochure is not available, please contact the COPY program to request one be sent to you. **Please limit the amount of information you share with the child about this program until their eligibility is assessed. Please complete this form to the best of your ability.**

Inmate name: _____ Today's date: _____
First name Last name

Current correctional facility: _____ SID #: _____

Child's name: _____
First name Last name

Child's date of birth: _____ Caregiver's phone: _____

Caregiver's name: _____
First name Last name

Caregiver's address: _____
Address City State Zip

Incarcerated parent's relationship to the caregiver (Spouse/Ex/Parent/Family/Friend/Other):

Is DHS Child Welfare involved with this family (Yes/No)? _____

Is the caregiver supportive of the child's involvement in this program (Yes/No)? _____

Central Oregon Partnerships for Youth (COPY)
63333 West Highway 20, Bend, Oregon 97701
phone: (541) 388-6651 ~ fax: (541) 330-9162 ~ email: COPY@deschutes.org

For additional children, use the space provided on the back of this form.

Child's name: _____
First name Last name

Child's date of birth: _____ Caregiver's phone: _____

Caregiver's name: _____
First name Last name

Caregiver's address: _____
Address City State Zip

Incarcerated parent's relationship to the caregiver (Spouse/Ex/Parent/Family/Friend/Other):

Is DHS Child Welfare involved with this family (Yes/No)? _____

Is the caregiver supportive of the child's involvement in this program (Yes/No)? _____

Child's name: _____
First name Last name

Child's date of birth: _____ Caregiver's phone: _____

Caregiver's name: _____
First name Last name

Caregiver's address: _____
Address City State Zip

Incarcerated parent's relationship to the caregiver (Spouse/Ex/Parent/Family/Friend/Other):

Is DHS Child Welfare involved with this family (Yes/No)? _____

Is the caregiver supportive of the child's involvement in this program (Yes/No)? _____

Child's name: _____
First name Last name

Child's date of birth: _____ Caregiver's phone: _____

Caregiver's name: _____
First name Last name

Caregiver's address: _____
Address City State Zip

Incarcerated parent's relationship to the caregiver (Spouse/Ex/Parent/Family/Friend/Other):

Is DHS Child Welfare involved with this family (Yes/No)? _____

Is the caregiver supportive of the child's involvement in this program (Yes/No)? _____