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**Host Home Program - Provider Referral**

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*Please complete and mail to:*

**Family & Children's Center, Attn.: Darren Dannhoff, 1707 Main Street, La Crosse, WI, 54601**  
**OR Scan & Email to: ddannhoff@fcnetwork.org OR Fax to: Darren Dannhoff (608) 785-0002**

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Your contact information

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth's name: \_\_\_\_\_

Youth's date of birth: \_\_\_\_\_

(MM/DD/YYYY)

Best way to contact youth: \_\_\_\_\_

Is the youth aware of this referral? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you known this youth? \_\_\_\_\_ Years \_\_\_\_\_ Months

Please tell us how you became acquainted with this youth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about this youth's current situation (how you know they are homeless/in need):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about the youth (attitude, character, attributes, strengths, weaknesses, etc):

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Please tell us about any formal supports or services this youth is connected with:

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Please tell us what you know about this youth's family/home life:

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Why do you think this youth would be a good candidate for the Host Home Program:

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*Thank you!*