

Undocumented Youth/Parent Referral

Date of Referral: _____

Referring SW: _____

Program Area(circle one): ER/FR/ PP

Case Name: _____

Case Number: _____

Youth's Information

1. Name as listed on the Birth Certificate or Baptismal Certificate:
First Name: _____ Middle Name: _____ Last Name: _____
Secondary Last Name: _____
2. Date of Birth: Month _____ Day _____ Year _____
3. Birth Place: (Village/Town/ City /State/Country)
Village: _____ Town: _____ City: _____ State: _____
Country: _____

Documentation Information

4. Does the minor have a Birth Certificate? () Yes () No
5. If no, did the Parents Register the minor's birth () Yes () No
6. If yes. Where? Date? _____
7. If no, Birth Certificate was the minor baptized within two months of the birth? () Yes () No
8. Where can the Baptismal Certificate be located? _____
9. List other names, if any , that have been used for the minor: _____
10. If the minor doesn't have a Birth Certificate, List the names, addresses and relationship of those present at the birth:
Name/ Address/Phone/ Relationship

Father's Information

11. Biological Father's Full Name: First Name: _____ Middle Name: _____
Last Name: _____ Secondary Last Name: _____
12. Father's Place of Birth: Town _____ City _____ County _____
State _____ Country _____
13. Father's Date of Birth: Month _____ Day _____ Year _____

Mother's Information

14. Biological Mother's Full Name: First Name: _____ Middle Name: _____

Last Name: _____ Secondary Last Name: _____

15. Mother's Place of Birth: Town _____ City _____ County _____

State _____ Country _____

16. Mother's Date of Birth: Month _____ Day _____ Year _____

17. Mother's Full Name: _____

18. Mother's Place of Birth/Date of Birth: _____

Entry Information

19. When (Month/Day/ Year) did the Youth enter to the U.S.? _____

20. Where did they enter the U.S.? _____

21. How did the Youth enter the U.S.? Did they have a Visa? Or without inspection by INS?

Relative Information

22. Is there a relative in another country that is available to care for this Youth?

Relationship _____

First Name: _____ Middle Name: _____

Last Name: _____ Secondary Last Name: _____

Town: _____ City: _____ County: _____

State: _____ Country: _____

Telephone Number: _____

23. Is there a relative in another country that is available to care for this Youth?

Relationship _____

First Name: _____ Middle Name: _____

Last Name: _____ Secondary Last Name: _____

Town: _____ City: _____ County: _____

State: _____ Country: _____

Telephone Number: _____

24. Is there a relative in another country that is available to care for this Youth?

Relationship _____

First Name: _____ Middle Name: _____

Last Name: _____ Secondary Last Name: _____

Town: _____ City: _____ County: _____

State: _____ Country: _____

Telephone Number: _____

Reunification Efforts

Juris Date: _____ Dispo Date: _____ RDS Date _____ .26 Date _____

WIC Counts: Check all that apply: A B C D E F G H I J

Prognosis for Reunification: Poor Fair Good Reason: _____

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