



**Delaware Opportunities Inc.
Little Buddy Referral Form**

35430 State Highway 10, Hamden NY 13782
Phone: (607)746-1746 Fax: (607)746-1648
bigbuddy@delawareopportunities.org

Youth's Name: _____ Age: _____

DOB: _____ Grade: _____ School: _____

Referred by: _____ Agency: _____ #: _____

The child is being referred for assistance in the following areas (check all that apply):

Academic Issues Behavioral Issues Self-Esteem Social Skills Family Issues

Other, Specify: _____

Reason for referral: _____

Does the child have any mental health or developmental disabilities? Yes No

Explain: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone: _____

Is/are parent(s) aware of the Big Buddy Program? Yes No

Is/are parent(s) aware that the Big Buddy Coordinator will be in contact with them at your suggestion? Yes No

Additional comments: