

Camp Long Branch Referral Form

Name of Youth: _____

DOB: _____

School and Grade: _____

Name of Parent / Guardian: _____

Home Address: _____

Phone: _____

Email (of parent): _____

Is the youth in kinship? _____ If yes, who is the primary guardian/ relationship? _____

Is the youth adopted? _____

If yes, please check one (place an X):

Private	<input type="checkbox"/>
Public/Child Welfare	<input type="checkbox"/>
International	<input type="checkbox"/>

What age did the adoption take place? _____

How/why do you think this youth might benefit from the Long Branch Camp?

Additional information you'd like to share:

**Please email or fax this form to Caitlin Evans at
evans@adoptionssupport.org or fax number 301-476-8526.
For more information, please contact Caitlin at 301-476-8525 or via email.**