



**Immigrant Youth Advocacy Program
Referral Form**

YOUTH INFORMATION

Last name(s): First name(s):
Date of Birth (mm/dd/yyyy): Primary Language:
Country of Origin:
Name of School: Grade:
Phone Number:
Address: County:
Guardian's Name (if applicable): Guardian's Relation to Youth:
Guardian's Phone Number (if applicable):
Case Summary:

REFERRING AGENCY INFORMATION

Referring Agency:
Agency Representative:
Representative Phone: Representative Email:

FUNDING SOURCE/GRANT

Select One (if applicable):
Youth is receiving services from the Philadelphia Dept. of Human Services.
Youth lives in Philadelphia and is under 18 years old or, if over 18, is still enrolled in school.

Please send completed referral forms via email to YouthAdvocacy@hiaspa.org.

Persons over 18 who are seeking immigration legal services or advice should contact HIAS Pennsylvania at 215-832-0900 during agency intake hours: Wednesdays from 9:30am to 12pm and Thursdays from 2pm to 4:30pm.