



PEARLS / EAGLES Referral Form

Please send completed form to info@houstonpearls.org. Thank you!

Applicant Contact Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Regular access to cell phone at current placement? ☐ Yes ☐ No

Best way to contact: ☐ Text/call ☐ Contact caseworker ☐ Contact foster parent

☐ Contact home supervisor ☐ Contact home staff member

Caseworker name / phone: _____

Placement name / phone: _____

Personal Information

Date of Birth: _____ Age: _____ Gender: _____

PID: _____ Court/Cause # (if known): _____

School: _____ Grade: _____

Conservatorship Status: ☐ TMC ☐ PMC ☐ Other: _____

Type of Placement:

☐ GRO

☐ RTC

☐ HCS

☐ Individual -
Foster Placement

☐ Individual -
Kinship/Fictive Kin

☐ Individual -
Adopted



Strengths and Interests

What strengths does the youth have?

What hobbies or interests does he or she have?

Please list the youth's goals (short-term and/or long-term). What careers are they interested in? Are they interested in attending college?

Please list the youth's current family involvement and/or other healthy connections. _____



Medical and Behavioral History

Are there any medical issues or diagnoses the team should be aware of?

Please list current medications: _____

Are there any triggers the team should be aware of? _____

Supervision Requirements:

☐ One-on-One ☐ Line of Sight ☐ Close Supervision ☐ None

Please explain: _____

Name of Referral Source: _____

Date: _____

Thank you for your time - we will be in touch shortly.