

Community Referral Network for Diverse Youth Planning Worksheet

The purpose of this worksheet is to help organizations assess readiness to pilot a new referral network or enhance an existing referral network by reviewing the four essential elements of a community referral network. Please refer to the Community Referral Network Planning Checklist for definitions of key terms and additional resources.

Element 1: A Committed Group of Organizations

1. Which organization will serve as the coordinating/backbone organization for the community referral network? _____

Complete the table on pages 2-3 to answer the following questions:

2. What organizations are currently interested in partnering in the community referral network?
3. What services does that organization provide?
4. Who are the target populations that organization serves?
5. Who is the designated point of contact at that organization for the community referral network?
6. What informal and formal linkages exist between organizations?

Elements 2 & 3: A Standardized Referral Tool for Individualized Referrals

1. What referral forms/systems are currently in use by organizations within the network? Can any of them be adapted for this community referral network?

2. What fields will be included on the standardized referral form used by this network?

3. How will the referral form/system meet participating organizations' confidentiality/privacy requirements (e.g., HIPAA)?

Element 4: Feedback System

1. What data will be collected to inform the community referral effectiveness?

2. In what way and how often will data be shared with the participating organizations to inform community referral network activities?

Organization	Service(s) Offered	Target Population(s) Served <i>(Check All that Apply)</i>	Existing Linkage(s)	Point of Contact
		<input type="checkbox"/> Children (0-12 years old) <input type="checkbox"/> Male <input type="checkbox"/> Teens (13-17 years old) <input type="checkbox"/> Female <input type="checkbox"/> Young Adults (18-24 years old) <input type="checkbox"/> Adults (24-64 years old) <input type="checkbox"/> Older Adults (65+ years old) <input type="checkbox"/> American Indian <input type="checkbox"/> Chinese <input type="checkbox"/> African American/Black <input type="checkbox"/> English <input type="checkbox"/> Asian <input type="checkbox"/> Portuguese <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Spanish <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ _____		
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