DEGREES
STRAIGHT UP

YOUTH INTERVENTION PROGRAM

Request for Additional Information Form

Client's Name: _____ Age: _____

Email: _____ Phone: _____

School: _____

Parent/Gardians Name: _____

Email: _____ Phone: _____

Emergency Contact: _____

Relationship: _____

Email: _____ Phone: _____

Description of Behavior/Concern:

☐ I understand that this is not a commitment to participate or recieve services. A member of PFPR will reach out and discuss enrollment options and avaliability.

Signature: _____ Date: _____

Provided by: Palmetto Foundation for Prevention and Recovery