Delaware Opportunities Inc.
Little Buddy Referral Form
35430 State Highway 10, Hamden NY 13782
Phone: (607)746-1746 Fax: (607)746-1648
bigbuddy@delawareopportunities.org

Youth’s Name: _________________________________________ Age: ____________
DOB: __________________ Grade: __________________ School: __________________
Referred by: __________________ Agency: __________________ #: ________________

The child is being referred for assistance in the following areas (check all that apply):
__ Academic Issues   __ Behavioral Issues   __ Self-Esteem   __ Social Skills   __ Family Issues
__ Other, Specify:
Reason for referral: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Does the child have any mental health or developmental disabilities? ___ Yes ___ No
Explain: _______________________________________________________________________

Parent(s)/Guardian(s): _________________________________________________________
Address: _____________________________________________________________________
Phone: _______________________________________________________________________

Is/are parent(s) aware of the Big Buddy Program? ___ Yes ___ No
Is/are parent(s) aware that the Big Buddy Coordinator will be in contact with them at your suggestion? ___ Yes ___ No

Additional comments: