



Life Skills Mentor Referral

Our Mission: The Hope Center at Pullen connects young people aging out of foster care in Wake County with the resources and support they need for a successful transition to adulthood.

Life Skills Mentorship Purpose: To provide a young person (14-21) in foster care with the life skills needed to navigate life's challenges. To provide the youth with positive support to aid in their social-emotional growth.

Life Skills Mentor Program Summary

Mentors will work to enhance the young person's life skills and promote productive habits. Mentors will provide help with navigating life (be a listening ear, provide positive or constructive feedback and support with navigating academics, life situations, life transitions, etc.). These tasks will be completed in a way that encourages the student to become self-sufficient while in foster care and after they age out. Mentors will meet with a student at the student's foster home or in the community on a bi-monthly basis throughout the year.

Eligibility Requirements:

Youth

- Currently between 14 and 21-years-old
- Currently or has previously been in foster care
- Currently assigned to a Wake County Case Manager
- Willing to be respectful of the tutor's time and have a cooperative attitude
- Will attend **mandatory** mentor match meeting (virtually) with caregiver, Teen Programs Specialist, and Mentor

Foster Parent

- Willing to communicate directly with the mentor about both scheduling
- Willing to support the mentor to find creative ways to promote the youth's success
- Will attend **mandatory** mentor or match meeting (virtually) with youth, Teen Programs Specialist, and Mentor
- Agree to support the youth with transportation to and from Mentor meetings

Referral Instructions:

Submit the completed 4 page form (below) to:

Bri Scotton, Teen Programs Manager

bscotton@hopecenteratpullen.org

Office Phone: 984-895-6093

Fax: (919) 800-3335

Tamra Sanchez, Permanency Services Supervisor

tamra.sanchez@wakegov.com

Office Phone: (919) 212.7674

Fax: (919)743-4903

***If you have questions about the program itself, contact Bri Scotton**



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Date Signed: _____

Youth Information:

First & Last Name:	
Youth Email:	
Youth Phone:	
Date of Birth:	
Gender:	
School:	
Grade:	

Caregiver Information:

First & Last Name:	
Email:	
Phone:	
Address:	

Social Worker Information:

First & Last Name:	
Youth Email:	
Youth Phone:	

***Please continue to the following page**



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Please thoroughly read and complete sections A-E .

A. Please explain why you are referring this youth for mentoring services through The Hope Center at Pullen:

B. Please mark any area(s) in which you feel the young person needs life skills support:

- Positive Peer Support
- Learning and Understanding Time Management
- Motivation
- Managing Emotions
- Financial Literacy
- Other (Anything not listed above): _____

C. Please indicate your mentor preferences below:

1C. Do you prefer that a mentor be of the same gender as the young person?

- Yes
- No
- No Preference

***Please continue to the following page**



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2C. Please check all locations you would be comfortable meeting for mentoring:

- Youth's Home (Caregiver must be present)
- Local Library
- Local area (i.e. Coffee Shop)
- Virtually
- No Preference

3C. Will youth have access to transportation to and from mentoring (i.e. if you will be meeting mentor at a specific location other than home)

- Yes
- No

D. Please mark any times (on your preferred days) when the young person would be available to meet a mentor:

Monday

- Anytime after 3:30pm
- Specific Time: _____

Tuesday

- Anytime after 3:30pm
- Specific Time: _____

Wednesday

- Anytime after 3:30pm
- Specific Time: _____

Thursday

- Specific Time: _____

- Anytime after 3:30pm

Friday

- Anytime after 3:30pm
- Specific Time: _____

Saturday

- Anytime after 3:30pm
- Specific Time: _____

Sunday

- Anytime after 3:30pm
- Specific Time: _____



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E. Life Skills Mentorship Teen Feedback- (Please have the young person complete the following questions):

E1. What are some things you like to do? (i.e. play sports, read, draw, etc.)

E2. How do you like to spend your free time?

E3. What are some of your favorite things to do with other people?

E4. Describe your ideal Saturday?

E5. Do you have any doubts or concerns about having a mentor?

E6. What qualities are you looking for in a mentor? What type of mentor would you want to be matched with?



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E7. What do you expect of the person you will be matched with?

E8. Please indicate the ethnicity that you prefer if any? If so, are you willing to work with someone if they are not your preferred ethnicity?

E9. Please indicate any religion you prefer? Are you willing to work with someone if they are not your preferred religion, if yes, which ones?

E10. Is there anything else that might be helpful to make a match for you?



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Mentor Referral Policy & Signature:

Once you have thoroughly read and filled out the following form, please sign and date below. By signing this form, **we assume that you have read, understand, and agree to all sections** of this document.

*Once this form has been filled out and signed, please send it to Alexys Pardo (Teen Programs Specialist) so that we can move forward with processing your referral. You will receive a follow-up email following your submission, and Alexys Pardo will be in contact with you soon to check your availability for a mentor match meeting!

Printed Name: _____ **Date:** _____

Signature: _____