



Host Homes Program - Provider Referral

Please complete and return:

By mail: Family & Children's Center, Attn: Louise Campbell, 1707 Main St., La Crosse, WI 54601

By email: lcampbell@fccnetwork.org

By fax: Host Homes, Attn.: Louise Campbell,; (608) 785-0002

Date: _____

Name: _____

Your occupation: _____

Your contact information:

Phone: _____

Email: _____

Youth's name: _____

Youth's date of birth: _____

(MM/DD/YYYY)

Best way to contact youth: _____

Is the youth aware
of this referral? Yes No

How long have you
known this youth? _____ Years _____ Months

Please tell us how you became acquainted with this youth:



Please tell us about this youth's current situation (how you know they are homeless/in need):

Please tell us about the youth (attitude, character, attributes, strengths, weaknesses, etc):

Please tell us about any formal supports or services this youth is connected with:

Please tell us what you know about this youth's family/home life:

Why do you think this youth would be a good candidate for the Host Home Program:

Thank You!