

Project EX Tobacco Program Referral Form

To: Prevention and Youth Services
1226 North Michigan Avenue
Saginaw, MI 48602
Phone: 989-755-0937
Fax: 989-755-0152
Email: pays@chartermi.net
Attention: Pam Saunders

Referral Date: _____

Name of Person Referring: _____

Location: _____

Phone: _____ Fax: _____

Student/Youth Name: _____

Parent(s) Name: _____

Address: _____
Street City Zip

Phone: _____
Home Work Cell

Each five week class series will begin once we have at least five confirmed participants. **Session 1: 4:00-6:00 p.m. and Sessions 2 through 5: 4:00-5:30 p.m.**

Once a series is scheduled a notice of class dates will be sent to the referred youth and his/her parent(s). This form will be faxed back to you, the referral source, with the scheduled dates listed.

Office Use Only

Date Received: _____ P.A.Y.S. Staff Signature: _____

Project EX Program Dates Scheduled for Monday:

Session 1: _____ Session 4: _____

Session 2: _____ Session 5: _____

Session 3: _____