



KIDS AT WORK! PROGRAM

Administrative Office:
123 Acton Circle, Suite B
Asheville, NC 28806

(828) 226-5533 Telephone
(828) 633-6690 Fax Number

Mailing Address:
P.O. Box 250
Balsam, NC 28708

Youth Name: _____ Date of referral: _____

Age: _____ Grade Level: _____ Date of Birth: _____

Youth Phone Number: _____

Address _____

Parent/Guardian Name: _____ Phone#: _____

Parent E-Mail Address: _____

Name of Person Making the Referral: _____

Phone #: _____ E-Mail Address: _____

Referring Agency: _____ County: _____

Specific reasons for referring participants to KIDS AT WORK!

SIGNATURE AND TITLE OF PERSON COMPLETING THIS FORM

TO SUBMIT REFERRAL:

FAX TO: 828-633-6690

Submissions will be directed to appropriate office