



**Mercer County Prevention Coalition**  
c/o Foundations Behavioral Health Services  
4761 St. Rt. 29  
Celina, Ohio 45822

Laura Sanford

Prevention Coordinator

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To Our First Hand Eyes and Ears in the Community:

The Mercer County Prevention Coalition Youth Committee, has seen success with the Youth Business Alliance. We have provided funding or obtained equipment/apparel for more than 25 Mercer County Youth, to participate in sports and activities. We are looking to you for additional referrals.

This application is for a child who you believe would benefit from participating in an organized sport or activity who needs help in funding the activity. Your referral is required and the forms should be returned by you, not the parent. We are trying to reach those who need assistance and give them an opportunity to find positive role models, and healthy alternative activities, to keep our youth away from drugs. This may be the first opportunity for some of our youth to interact with positive people outside their school environment.

This funding is limited, needs-based only, and on a first-come/first-serve basis. If you have additional questions, feel free to contact Laura Sanford, using the information above.

Thank you,

Mercer County Prevention Coalition Youth Committee



*"To improve the quality of lives of Mercer County residents by preventing the harmful consequences of substance use and abuse among youth, families, and the larger community"*



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### Youth Business Alliance Referral Application

Referral Source: Please fill out this form and return it to Foundations, 4761 SR 29 Celina, OH 45822. c/o Laura Sanford

Name of Youth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ email: \_\_\_\_\_

What program is youth interested in? (be as specific as possible, location, days of week etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost (if known) to participate in program or activity \_\_\_\_\_ ( ) weekly ( ) monthly

Is family able to contribute any portion of this cost? ( ) yes ( ) no If yes, how much? \_\_\_\_\_

Is youth physically able to participate in this activity? ( ) yes ( ) no

If no, what accommodations would be required? \_\_\_\_\_  
\_\_\_\_\_

Will youth be able to secure transportation to and from this activity? \_\_\_\_\_

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Agency or Organization \_\_\_\_\_

Do you believe this youth would benefit from participation in this activity? ( ) yes ( ) no

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information which might help us determine eligibility: \_\_\_\_\_  
\_\_\_\_\_