



Mercer County Prevention Coalition
C/o Foundations Behavioral Health Services
4761 St. Rt. 29
Celina, Ohio 45822
www.grandlakehappenings.com

Andrea Cahill

Youth Alternatives Chair Person

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mercercountyba@gmail.com

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To Our First-Hand Eyes and Ears in the Community:

The Mercer County Prevention Coalition's Youth Committee, has seen success with the Youth Business Alliance. We have provided funding or obtained equipment/apparel for more than 40 Mercer County youth to participate in sports and activities. We are looking to you for additional referrals.

This application is for area youth 18 years of age and under, who you believe would benefit from participating in an extracurricular activity and may need financial assistance 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 alcohol, tobacco and other drugs. This may be the first opportunity for some of our youth to interact with positive, supportive 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 Andrea Cahill, using the information above.

Thank you,

Mercer County Prevention Coalition's Youth Alternatives Committee

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



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Youth Business Alliance Referral Application

Referral Source: Please fill out this form by emailing it to mercercountyba@gmail.com

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 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? _____

Referral source's name _____ Phone _____

Agency or Organization _____ Date filled out ___/___/___

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

Explain: _____

Any additional information which might help us determine eligibility:

