



**ALLIES**  
A Program of Purchased  
P.O. Box 531965  
Indianapolis, IN 46253  
(317) 782-5535

Mentee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Race: (please mark one):

- Black     Asian     Caucasian     Hispanic     Multi-Racial     Native American
- Other

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

Guardian's Phone #: \_\_\_\_\_ Mentee Phone #: \_\_\_\_\_

Which best describes the potential mentee's current living situation:

- Home with parent/ guardian     Foster Home     Congregant Care Facility     Emergency Shelter
- Homeless     Other

Current Address and name of residence (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mentee Email: \_\_\_\_\_

Does the mentee work? If yes, where: \_\_\_\_\_

Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the mentee a student? If yes, where: \_\_\_\_\_

Grade Level: \_\_\_\_\_ High School Diploma or GED obtained? \_\_\_\_\_

Probation Officer (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

DCS Case Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List below the names of any other agency that has assisted the potential mentee and/or the family in the past year (Department of Child Services, counseling, SNAP, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out the following questions as completely as possible. This information is requested to assist the ALLIES staff in assessing how appropriate the potential mentee is for the program. All information received will be kept strictly confidential. ALLIES will not release this information to any organizations or individuals without written approval.

Does the mentee have any known history of any of the following (mark all that apply):

- Sexual Abuse       Physical Abuse       Emotional Abuse       Sexual Assault
- Suicidal Ideation       Running       Substance Abuse       Pregnancy/Parenting
- Neglect       Gang Involvement       Trafficking/Exploitation       Survival Sex
- Sex Work       Relationships with older men       Residential Placement /Group Home

Please provide further explanation below:

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Relationship to trafficker (if applicable): \_\_\_\_\_

Does the potential mentee have any no contact orders? \_\_\_\_\_

Has the potential mentee ever been arrested or had any court contact? \_\_\_\_\_

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Does the potential mentee have a history of any of the following:

- Diabetes       Cancer       Allergies       Blood Disorders       Eating/Sleeping Disorder
- HIV/AIDS       Hypertension       Tuberculous       Mental Health Problems       Physical Limitations

Please provide further explanation below:

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Describe any particular problems the potential mentee might have. (i.e. emotional, behavioral, mental, social, academic, etc.):

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Why do you think the potential mentee would benefit from having an ally? \_\_\_\_\_

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Is there anything else you would like us to know about the potential mentee:

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To your knowledge, will the potential mentee be living in the Indianapolis area for the next year? If no, please provide some context for us to help in the matching process:

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Person filling out this form: \_\_\_\_\_

Relationship to potential mentee: \_\_\_\_\_

How long have you known the potential mentee: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_