*\*Please send referrals to: Todd Dittsworth, BS*

Email: tdittsworth@evolutionblair.com

Work cell #: (814) 502-4225 Fax #: (814) 201-2758

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| **DATE OF REFERRAL** | **PROBATION OFFICER** |
| /  / |  |

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| --- | --- | --- | --- |
| **PRIMARY ADOLESCENT** | | | |
| FULL NAME | | D.O.B. | |
|  | | /  / | |
| STREET ADDRESS | | CITY, STATE, ZIP | |
|  | | ,  , | |
| EMAIL ADDRESS | | PHONE # | WORK PHONE # |
|  | | -   - | -   - |
| Youth’s YLS Score | What does this score mean? | | |
| Top 2 Criminogenic Needs |  | | |
| Responsivity Factors Identified |  | | |

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| **CBT GROUP** | | |
| Drug & Alcohol | Life Skills | Other: |

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| **ADOLESCENT & FAMILY STRENGTHS** |
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| **MOTIVATIONAL INTERVIEW VISION** |
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| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
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| **SPECIAL CONCERNS OR NEEDS** |
|  |
| Youth will  NEED  DO NOT NEED transportation |

|  |  |  |
| --- | --- | --- |
| **FAMILY & HOUSEHOLD** | | |
| Mother / Female Guardian Name | Relationship | Age |
|  |  |  |
| History of substance abuse, violence, or mental health involvement |  | |
| Father/ Male Guardian Name | Relationship | Age |
|  |  |  |
| History of substance abuse, violence, or mental health involvement |  | |
| Number of Siblings Living in the Home |  | |
| Other Key Supports |  | |