\*Please contact Ashleigh Nearhoof, Evolution Expressions Program Director at (814) 937-4442, [Anearhoof@evolutionblair.com](mailto:Anearhoof@evolutionblair.com) or fax to (814) 201-2758

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF REFERRAL** | **REFERRAL SOURCE** | | **REFERRAL CONTACT #** | |
|  |  | |  | |
| **Please Select the Group(s) you are referring to:** | | | | |
| **🞎 Arts for Healing 🞎 Mom’s Club 🞎 Zumba 🞎 ALLIES- LGBTQI 🞎 JAM (Musical Expression)**  **🞎 Baking Group 🞎 BREATHE Group (Building Resilience and Empowering Youth Through Healthy Exercise)** | | | | |
| **CYF/JPO ASSIGNED STAFF** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |
|  | | | | |
| **CYF/JPO ASSIGNED SUPERVISOR** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |

|  |  |  |
| --- | --- | --- |
| **PRIMARY ADOLESCENT** | | |
| **FULL NAME** | **DOB** | **AGE** |
|  |  |  |
| **STREET ADDRESS** | **CITY, STATE, ZIP** | |
|  |  | |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
|  |  |  |
| Who has legal custody of the adolescent? |  | |
| Where does the adolescent currently reside? |  | |
| Health Insurance and Policy Number of child (if available) |  | |

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| --- | --- | --- |
| **REASON FOR REFERRAL- *Identified concerns and need for group therapy*** | | |
|  | | |
| **ADOLESCENT & FAMILY STRENGTHS** | | |
|  | | |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** | | |
|  | | |
| **MENTAL HEALTH DIAGNOSIS** | | |
| Explanation: | | |
| Medication: | | |
| **SCHOOL INFORMATION** | | |
| School/setting attending:  Current grade:  **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 home** | **Other key supports** | |
|  |  | |

\*Feel free to attached additional info if necessary such as evaluations, school reports, or narrative info

Any additional info:

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