\*Please contact Ashleigh Nearhoof, Evolution Expressions Program Director at (814) 937-4442, 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 |  |

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| **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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