801 S Kettle St **JR CEO**

Altoona PA, 16602  **Program**

Office #: (814) 201-2751

*\*Please send referrals to: Todd Dittsworth,BS JR CEO Director*

Email: tdittsworth@evolutionblair.com

 Cell #: (814) 502-4225 Fax #: (814) 201-2758

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| **DATE OF REFERRAL**  | **REFERRAL SOURCE** | **REFERRAL CONTACT #** |
|  |  |   |
| **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** |
|  |  |
| **CIRCLE ONE: MALE/ FEMALE/ OTHER** |  |
| **STREET ADDRESS** | **CITY, STATE and ZIP CODE** |
|  |  |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
|  |  |  |
| Who has legal custody of the adolescent? |  |
| Where does the adolescent currently reside? |  |
| **ADOLESCENT NEEDS** |
| \_\_\_\_\_Job & Career Assessments | \_\_\_\_\_Interviewing skills and Techniques | \_\_\_\_\_Community Service/Resources |

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| **ADOLESCENT & FAMILY STRENGTHS** |
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| **CURRENT EDUCATIONAL SETTING & GRADE LEVEL** |
| School/setting:Current grade: |

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| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
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| **SPECIAL CONCERNS OR NEEDS** |
| Explain: |
| Youth will \_\_\_\_\_NEED \_\_\_\_\_ NOT NEED transportation |

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| **MENTAL HEALTH DIAGNOSIS** |
| Explanation: |
| Medication: |
| **FAMILY AND 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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