***\*Please send referrals to: Brianna Norris—ACT 360 Program Director***

**Email:** **bnorris@evolutionhuntingdon.com**

**\*\*ATTENDANCE, GRADES, AND DISCIPLINARY REPORTS ARE REQUIRED DOCUMENTS AND MUST BE ATTACHED FOR APPROVAL OF SERVICES\*\***

|  |  |  |
| --- | --- | --- |
| **DATE OF REFERRAL**  | **REFERRAL SOURCE** | **REFERRAL CONTACT #** |
|  |  |  |

|  |
| --- |
| **PRIMARY CLIENT** |
| **FULL NAME** | **DOB/AGE** | [ ]  **CYS INVOLVEMENT** |
|  |  | [ ]  **JPO INVOLVEMENT** |
| [ ]  **MALE** [ ]  **FEMALE** [ ]  **OTHER** | **WAS FAMILY MADE AWARE OF REFERRAL?**[ ]  **YES** [ ]  **NO** |
| **STREET ADDRESS** | **CITY, STATE, AND ZIP CODE** |
|  |  |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
|  |  |  |
| **Who has legal custody of the client?** |  |
| **Where does the client currently reside?** |  |

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| --- |
| **REASON FOR REFERRAL** |
| [ ]  **Attendance** | [ ]  **Behavioral Issues** | [ ]  **Grades** | [ ]  **Other*****(Additional information required)*** |

|  |
| --- |
| **SCHOOL INFORMATION** |
| **SCHOOL NAME** | **GRADE** | **NAME & NUMBER OF SCHOOL CONTACT** |
|  |  |  |
| **Has the school created a plan for attendance improvement? *If so, please attach a copy of the attendance improvement plan.*** | [ ] **YES** |
| **Does the student have an IEP or receive special education services?** [ ]  **YES** [ ]  **NO** |

|  |
| --- |
| **ADDITIONAL SERVICES INVOLVED** |
|  |
| **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:**  |
| **CLIENT & FAMILY STRENGTHS** |
|  |

**\*\*PLEASE ATTACH A COPY OF THE STUDENT’S ATTENDANCE, GRADES, AND DISCIPLINARY REPORTS\*\***

**Any additional info:**

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