*\*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 |

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| **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 |       |