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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | |

|  |
| --- |
| **ADOLESCENT & FAMILY STRENGTHS** |
|  |

|  |
| --- |
| **CURRENT EDUCATIONAL SETTING & GRADE LEVEL** |
| School/setting:  Current grade: |

|  |
| --- |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
|  |

|  |
| --- |
| **SPECIAL CONCERNS OR NEEDS** |
| Explain: |
| Youth will \_\_\_\_\_NEED \_\_\_\_\_ NOT NEED transportation |

|  |  |  |
| --- | --- | --- |
| **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:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |