**\*\*For youth to be considered for the Arts for Healing Program, a CATS-C assessment will need to be submitted with the referral\*\***

|  |  |  |
| --- | --- | --- |
| **DATE OF REFERRAL**  | **REFERRAL SOURCE** | **REFERRAL CONTACT #** |
|  |  |  |
| **CYF/JPO ASSIGNED STAFF** | **PREFERRED COMMUNICATION** | **PREFERRED CONTACT INFO** |
|  | CELL / OFFICE PHONE / EMAIL |  |

|  |
| --- |
| **PRIMARY ADOLESCENT** |
| **FULL NAME** | **DOB/ AGE** | **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? |  |
| Does family have reliable transportation? |  |

|  |
| --- |
| **REASON FOR REFERRAL** |
|  |
| **Group being referred:** [ ]  **ALLIES** [ ]  **Arts for Healing**  |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
|  |
| **SCHOOL INFORMATION** |
| **School attending:** **Current grade:** **Is the identified child involved in after school activities during group times?** [ ]  **Yes** [ ]  **No****If so, what activities?**  |
| **FAMILY & HOUSEHOLD** |
| **Guardian Name** | **Relationship** | **Contact Info** |
|  |  |  |
| History of substance abuse, violence, or mental health involvement? |  |
| **Number of siblings living in home** |  |

**Any additional info regarding the need for the referral to EE or concerns for the youth:**

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