710 Mount Vernon Avenue, Suite 1

Huntingdon, PA 16652

Office #: 814-506-8651

Send referrals to [contact@evolutionhuntingdon.com](mailto:contact@evolutionhuntingdon.com)

Shape

Description automatically generated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | **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: | | |
| **FAMILY & HOUSEHOLD** | | |
| **Mother / Female Guardian Name** | **Relationship** | **Contact Info** |
|  |  |  |
| History of substance abuse, violence, or mental health involvement? |  | |
| **Father / Male Guardian Name** | **Relationship** | **Contact Info** |
|  |  |  |
| History of substance abuse, violence, or mental health involvement? |  | |
| **Number of siblings living in home** | **Other key supports** | |
|  |  | |

Any additional info:

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