REACH ASHLAND YOUTH CENTER

CONFIDENTIAL

REACH WELLNESS REFERRAL FORM

NOTE: If you suspect child abuse or neglect YOU MUST consult with HW staff and notify CPS.

Referral is: ☐ Outside of REACH or ☐ Within REACH ☐ Recreation ☐ Education ☐ Art ☐ Career ☐ Health	Referred by	Referrer phone	Referrer email

YOUTH DETAILS

Name of youth	Date of birth	Grade	Does youth know about referral? ☐ Yes ☐ No	Gender ☐ M ☐ F ☐ T ☐ Q
Name of school	Youth phone		OK to call? ☐ Yes ☐ No	REACH member? ☐ Yes ☐ No
Youth's strengths, activities, and interests:				

HOME DETAILS

Name of parent/guardian		Relationship to youth?	Guardian primary phone	Does youth live with family? ☐ Yes ☐ No
Youth street address		Primary language at home?	Guardian alternate phone	Does family know about referral? ☐ Yes ☐ No
City	Zip	Birth city, state and/or country	Ethnicity Choose...	Hispanic origin Choose...

REFERRAL DETAILS

Reason for referral	☐ Crisis or emergency response required? Please describe:	Is there: ☐ Harm to self/others ☐ Child protection ☐ Basic needs
Additional comments		

SERVICES REQUESTED

Wellness:

- ☐ Medical
- ☐ Counseling
- ☐ Dental
- ☐ Peer health
- ☐ Leadership
- ☐ Other:

Counseling for Healing:

- ☐ Basics needs (food, shelter, clothing)
- ☐ Housing
- ☐ Immigration
- ☐ Trauma/violence
- ☐ Intimate/partner violence
- ☐ Sexual or other exploitation/violence
- ☐ Gang affiliation/involved
- ☐ Probation/system
- ☐ School issues/truancy
- ☐ Other:
- ☐ Behavior difficulties
- ☐ Bullying/bully-er
- ☐ Drug use/abuse
- ☐ Attention issues
- ☐ Physical symptoms
- ☐ Self-harm
- ☐ Eating disorder
- ☐ Emotional expression
- ☐ Grief/loss
- ☐ Anger/conflict
- ☐ Depressed/anxious
- ☐ Identity

Counseling for Capacity Building & Lifelong Skills:

- ☐ Communication
- ☐ Social skills
- ☐ Boundaries
- ☐ Relationship
- ☐ Life transitions
- ☐ Interests and commitments
- ☐ Life, school, career goals
- ☐ Resilience practices
- ☐ Other:

Counseling for Action:

- ☐ Leadership development
- ☐ Community service
- ☐ Social justice development
- ☐ Peer health education
- ☐ Other:

SERVICES IN PLACE

List all of the services that youth already receives or is referred to. Include school and community providers.

Type of Service	Provider	Contact

Submitted by	Submitter organization	Submitter phone	Submission date	SUBMIT FORM

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FOR REACH STAFF USE ONLY

Name of youth	Youth phone	Name of parent/guardian	Guardian primary phone

TRIAGE LOG

Triaged by	Recommended next steps

REACH WELLNESS STAFF ACTION LOG

Referred to	Date referred	Date received	Date of follow-up with referrer

Initial Plan	Program	Services

YOUTH CONTACT LOG

Date of initial contact	If no initial contact, list dates of follow-up attempts	If youth refused service, please specify

List scheduled meetings or phone calls and dates	Services scheduled after meeting or call	If no-show or no-contact, please specify

PARENT-GUARDIAN CONTACT LOG

Date of initial contact with parent/guardian	If no initial contact, list dates of follow-up attempts	If parent refused service, please specify

List scheduled meetings or phone calls and dates	Meeting/call outcomes	If no-show or no-contact, please specify

STAFF NOTES