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|  | P.O. Box 3913 Winchester, VA 22604540.324.8965teensincva@gmail.comwww.teensincva.org |

**Referral Form**

**Name:**

**DOB: Gender:**  **Social Security Number**:

**Parents/Guardians:**

**Address:**

**Phone: (H) (W) (C)**

**School: Grade: Client #:**

**Referring Person (worker, parent, etc. name):**

**Phone Number of Referring Person:**

**Services Start: Services End (projected):**

**Programs/Services**

**Vocational Mentoring:** A community-based program that provides an integrated approach to career development, vocational training or apprenticeship, and academic achievement. Hours per week:

**Individual Mentoring:** Includes supporting, coaching, and training participants in age appropriate behaviors, interpersonal communication, problem-solving, conflict resolution, and relating appropriately to other children/adolescents, as well as adults, in recreational, community, school and social activities. Minimum 10 hours per week. Hours per week:

**TEEN’s 12-week course:** Consists of 2 classes per week with each class lasting for 2 hours.

**Independent Life Skills:** Designed to help clients with mental disabilities, mental health conditions or chronic illness to gain independence. Hours per week:

**Anger Management:** The curriculum will provide participants a safe and supportive space in which they can begin to learn ways to manage anger, identify triggers, and replace violent tendencies through coping strategies and self-control techniques demonstrated through group discussions, activities, modeling, homework assignments and therapeutic intervention strategies (impulse control, meditation, breathing and relaxation techniques, and frustration management). One hour per week/8 weeks.

**Summer Day Camp:** An 8-week structured training program which provides a combination of TEENS, Inc. program services- vocational and individual mentoring, independent living skills training, and anger management group sessions. 16 hours per week/8 weeks.

**Parent/Caretaker Education:** Interactive and customizable one-on-one and/or family sessions facilitated by TEENS, Inc staff member(s) for one hour, twice per week over an 8-week period with the parent/caretaker and participant. 2 hours per week/8 weeks.

**Funding Information**

**Funding Source (Check applicable)**

* **VJCCA**
* **CSA/FAPT**
* **Adoption Subsidy**
* **DSS Funds**

**Brief List of Client/Family Needs:**

**Brief List of Desired Outcome Goals:**

**If there is a date by which services MUST begin? (Court ordered, etc.)**

* **Yes- If yes:**
* **No**

**TEENs, Inc. USE ONLY**

**Date Referral Received:**

**Intake Assigned To:**

**Contacted Parent/Guardian:**

**Staff To Take Case:**

**Start Date of Case:**