



P.O. Box 3913
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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:

1. _____
2. _____
3. _____
4. _____

Brief List of Desired Outcome Goals:

1. _____
2. _____
3. _____
4. _____

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: _____