**Coping and Resiliency Education Services (CARES) Referral**

 **(COMPLETE ENTIRE FORM)**

**Referrals can be faxed to: (209) 468-8024 attention CARES supervisor**

 **or emailed to:** SJCARES@sjcbhs.org

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Referral: |  | Referring person/Agency: |  | Email/phone |  |
| Name of Youth: |  | Date of Birth |  |
| Social Worker Contact information:  |  |
| Youth’s Address:  |  |  |   |  |
|  | City | State | Zip |
| Phone Number: |  | Caregiver Name and relation to youth: |  |
|  |
| Available times for youth/caregiver to meet (i.e.: work/school schedule)  |
|  |
|  |
|  |
| **Siblings:** | **Name** |  | **Age** |  | **Placed with youth?** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| **Others living in the home:** |  **Name** |  | **Age** |  | **Relationship** |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |
| Preferred Language: |  |  | Interpreter needed? | [ ] YES | [ ] NO |
|  |
| School: |  | Grade: | + |  |
|  |
| Agencies currently involved with the youth (please check all that apply): |
|  |
| [ ]  | Child Protective Services | [ ]  | Victim Witness | [ ] Probation | [ ]  | Other: |       |
|  |
| Services youth has Participated in or is Being referred to (please check all that apply):  |
| [ ] None  | [ ] Individual Therapy | [ ] School Based Counseling |
| [ ] Group services [ ] Other |       |
|  |
| Concerns you have about the youth that make them an appropriate referral to PEI services: |  |
|  |
|  |
|  |
| **Concerns (Check all that Apply):**  |
| [ ] Sad [ ] Argumentative [ ]  Irritable [ ] Aggressive |
| [ ] Sullen [ ]  CPS involvement [ ] Parent involved in Criminal Justice System  |
| [ ] Siblings involved in Criminal Justice System [ ]  Suspensions/Detentions |
| [ ]  Other Risk Factors: |       |
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|  |
|  |
|  |
| (Office use only)  |
|  |
| Referral Accepted  | [ ]  | Staff:  |       | Staff:  |       |  |
| Denied: | [ ]  | Reason: |       |  |
|  |
| Supervisor: |       | Date: |       |  |
| **OUTCOME: Family Accepted Declined (circle one)**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |