**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](mailto:SJCARES@sjcbhs.org)

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| 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: | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Available times for youth/caregiver to meet (i.e.: work/school schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Siblings:** | | | | **Name** | | | | | | | | | | | | | | | | | | | |  | **Age** | | | | | |  | **Placed with youth?** | | | | | | | | | |  | |
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| **Others living in the home:** | | | | | | | | | | | | | | | **Name** | | | | | | | | |  | **Age** | | | | | |  | **Relationship** | | | | | | | | | |  | |
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| Preferred Language: | | | | | | | | | | | |  | | | | | | | | |  | | Interpreter needed? | | | | | | | | | | YES | | NO | | | | | | | | |
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| School: | | |  | | | | | | | | | | | | | | | | | | | Grade: | | | | | | | | + | | | | | | | | | |  | | | |
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| Agencies currently involved with the youth (please check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Child Protective Services | | | | | | | | | | | | | | |  | | Victim Witness | | | | | | | | Probation | | | | | | | | |  | Other: | |  | | | | | |
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| Services youth has Participated in or is Being referred to (please check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | Individual Therapy | | | | | | | | | | | | | School Based Counseling | | | | | | | | | | | | | | | | | | | | | | | |
| Group services Other | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Concerns you have about the youth that make them an appropriate referral to PEI services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Referral Accepted | | | | | | | | | | |  | | Staff: | | | |  | | | | | | | | | | Staff: | | | | | | |  | | | | | | | | |  |
| Denied: | |  | | | Reason: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Supervisor: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | |  |
| **OUTCOME: Family Accepted Declined (circle one)**  Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |