Behavioral Support Worker Pilot

Referral Form

Youth Information

Full Name: _____

Date of Birth: _____

Age: _____

Sex at Birth: ○ Male ○ Female

Address: _____

City: _____ State: _____ ZIP: _____

School/Grade Level: _____

Preferred Language: _____

Guardian Information

Primary Guardian Name: _____

Relationship to Youth: _____

Preferred Language: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text

Best Time to Contact Guardian

☐ Morning

☐ Afternoon

☐ Evening

☐ Specific time: _____

Insurance Information

Insurance Provider: _____

Diagnosis (if known or previously diagnosed)

_____

_____

Presenting Concerns

☐ Aggression or defiance

☐ Anxiety or excessive worry

☐ Depression or sadness

☐ Self-injury or suicidal thoughts

☐ Attention or focus difficulties

☐ Hyperactivity/impulsivity

☐ Peer relationship difficulties

☐ Family conflict

☐ Trauma history

☐ Other: _____

Describe primary concerns in your own words: