NATIONAL YOUTH ADVOCATE PROGRAM

CARING FOR PEOPLE • CONNECTING COMMUNITIES • PROMOTING PEACE

Assigned to:	
*For office use only	

OHIO SERVICE REFERRAL- Imagine Groveport

Services:

- ☐ Family Finding
- ☐ Family Therapy
- ☐ Group
- ☒ Individual Therapy
- ☐ Multi Family Therapy
- ☐ Nursing Services
- ☐ Parenting
- ☐ PDE/Mental Health Assessment
- ☐ Permanency Support
- ☐ Psychiatry
- ☐ Social Advocate/PSR
- ☐ SUD Assessment
- ☐ SUD Treatment
- ☒ Treatment Advocate/Therapeutic Behavioral Services

Programs:

- ☐ CANEI
- ☐ FICR
- ☐ Healthy Ways
- ☐ IFPT
- ☐ IHBT
- ☐ IIHS
- ☐ In Home Services
- ☐ Kinship
- ☐ OPMH
- ☐ PASS
- ☒ School Based
- ☐ SUD Treatment
- ☐ Transitional Services Program
- ☐ Wrap Around

Locations:

- ☐ Akron
- ☐ Austintown
- ☐ Care Management
- ☐ Cincinnati
- ☐ Cleveland
- ☐ Dayton ACTION
- ☐ Dayton
- ☐ ESC
- ☒ High St
- ☐ Lima
- ☐ Livingston
- ☐ Newark-Cherry Valley
- ☐ Newark 3rd St
- ☐ Stark Co
- ☐ Toledo
- ☐ Washington Court House
- ☐ West Unity
- ☐ Zanesville

Person Served: _____ Date of Birth: _____

Race: _____ Gender: _____

Social Security Number: _____ Medicaid/Insurance#: _____

Teacher/Grade: _____ Phone: _____

Caregiver: _____ Relationship: _____

Address: _____ Phone: _____

Presenting Problem/Treatment Focus:

_____

Problem Behaviors:		
☐ Irritability	☐ Personal hygiene	☐ Depressed Mood
☐ Loses Temper Easily	☐ Enuresis	☐ Substance Abuse
☐ Verbally Aggressive	☐ Encopresis	☐ Suicide Ideation/Gestures
☐ Physically Aggressive	☐ Anxiety	☐ Sexual Perpetrator
☐ Destruction of Property	☐ Grief	☐ Sexually Reactive
☐ Cruelty to Animals	☐ Separation/Loss	☐ Sexually Promiscuous
☐ Lying	☐ Fire Setting	☐ Victim of Sexual Abuse
☐ Stealing	☐ Discipline	☐ Victim of Physical Abuse
☐ AWOL	☐ School attendance	☐ Easily Distracted
☐ Probation/Parole	☐ School Problems	☐ Hyperactive
☐ Poor Social Skills	☐ Failure to Supervise	☐ Impulsivity
☐ Self-Harm Behavior	☐ Poor Household Management	☐ Domestic Violence
☐ Low Self-Esteem	☐ Addiction (gambling, etc.)	☐ Inflated Self-Esteem
☐ Family Functioning	☐ Mood Swings	☐ Hallucinations
☐ Thought Disturbances	☐ Employment Problems	☐ Relationship Difficulties
☐ Paranoia	☐ Phobias	☐ Nightmares
☐ Tics	☐ Obsessive/Compulsive Difficulties	

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Other	

Diagnosis: _____

Medications: _____

Person Served Strengths or Interests:

Referred by: _____ Date: _____

Relationship to Person Served: _____

Agency Referring: _____ Phone Number: _____

Revised 6.9.2020