

CarePlus NJ, Inc.
Falcons' Lounge
School Based Youth Services Program – Manchester Regional High School
70 Church Street – Room S3
Haledon, New Jersey 07508
973-389-2864

Referral Form (Revised September 2011)

Student's Name: _____

Grade: _____ **Age:** _____

Parent/Legal Guardian(s): _____

Telephone Number(s): _____

Is the parent/legal guardian aware of this referral? ___ Yes ___ No

Is the student aware of this referral? ___ Yes ___ No

Do parents speak: English? ___ **Spanish?** ___ **Other?** _____

Did you refer to Children's Mobile Response (if there is a need for immediate child/family services)? 1-877-652-7624 ___ Yes ___ No

Referred By: _____ **Date of Referral:** _____

Concerns: (please check all that apply)

_____ **Poor Academic Performance** _____

_____ **Poor School Attendance** _____

_____ **Behavioral Problems at School** _____

_____ **Behavioral Problems at Home** _____

_____ **Family Issues** _____

_____ **Drug & Alcohol Issues** _____

_____ **Abuse/Neglect (DYFS involved?)** _____

_____ **Depression** _____

_____ **Anxiety** _____

_____ **ADHD** _____

_____ **Eating Disorder** _____

_____ **Self-Injury** _____

_____ **Questions/Concerns about Sexuality** _____

_____ **History of Loss and/or Traumatic Event** _____

_____ **Poor Social Skills** _____

_____ **Anger Management Problems** _____

_____ **Legal Problems** _____

_____ **Poor Communication Skills** _____

_____ **Other:** _____

