



TRAUMA RECOVERY FORM

Youth Being Referred (please submit a separate form for each youth):

Referral Date: _____

Name: _____ **Gender:** _____ **Age:** _____ **D.O.B.:** _____

Is youth English speaking? Yes No If No, Primary language _____

Are siblings of this youth also being referred? Yes No If yes, please list names: _____

Is the birth parent low income? : Yes No **Program only accepts low-income families*

Is the child in foster care?: Yes No

Referral Agency: _____ **Referral Source Name:** _____ **Phone:** _____ **Email:** _____

Primary Caregiver Name: _____

Relation to Youth: _____ **Email:** _____

Address: _____ **Borough** _____ **Zip Code:** _____

Phone: _____ **Is caregiver English speaking? :** Yes No

If No, Primary language: _____

Birth Parent: *Please complete **only** if primary caregiver is not birth parent and birth parent will be involved in treatment.*

Name: _____ **Phone:** _____

Email: _____ **English speaking? :** Yes No If No, Primary language: _____

ACS Involvement: Yes No

Caseworker Name: _____ **Phone:** _____ **Email:** _____

Supervisor Name: _____ **Phone:** _____ **Email:** _____

Foster Care Involvement: Yes No

Foster Care Agency: _____

Caseworker Name: _____ **Phone:** _____ **Email:** _____

Supervisor Name: _____ **Phone:** _____ **Email:** _____

Psychiatric Care: Yes No

Facility: _____ **Psychiatrist Name:** _____

Phone: _____ **Email:** _____

Family Court Involvement: Yes No

Law Guardian Name: _____ **Phone:** _____ **Email:** _____

Criminal Court Involvement: Yes No

ADA Name: _____ **Phone:** _____ **Email:** _____

Advocate Name: _____ **Phone:** _____ **Email:** _____

School:

Name: _____ Contact Person: _____

Phone: _____ Email: _____

Trauma History: *Please list date or time frame youth experienced trauma and list **perpetrator name** and **relation to youth**.*

Psychological Maltreatment Date(s): _____ Perpetrator: _____

Neglect Date(s): _____ Perpetrator: _____

Physical Abuse Date(s): _____ Perpetrator: _____

Homicide Date(s): _____ Perpetrator: _____

Sexual Abuse Date(s): _____ Perpetrator: _____

Domestic Violence Date(s): _____ Perpetrator: _____

Community Violence Date(s): _____ Perpetrator: _____

Mass Violence Date(s): _____ Perpetrator: _____

Youth's Trauma Symptoms (brief list): _____

Brief Case Summary:

