



TREE OF DREAMS REFERRAL FORM

All information included on this form will be kept confidential and is for agency use only.

T.R.E.E. (Teen, Recreational, Education Enrichments) of Dreams, a program of Family service Society, offers a wide variety of enriching activities, fun, and a laid-back environment but some educational programs will be offered that do not require parent consent. We are a free program that is open daily afterschool 2:30 PM – 7:00 PM and during the summer and break weeks 8:00 AM – 6:00 PM providing all meals and snacks.

Check each program you would like to enroll the youth into:

- Teen Space – Enriching space full of activities to keep teens entertained, teens can sign in and out but cannot return once they signed out without a note from the parent for an appointment.
- Teen Intervene (Parent Permission Required) – This is a one on one 3-5 session brief early intervention for youth who have displayed the early stages of alcohol or drug involvement.
- Prevention Counseling (Parent Permission Required) – Prevention Counseling consists of up to 15 individual sessions (held weekly; 30-60 minutes in duration). Participants will establish the skills necessary using problem-resolution and social emotional learning activities. They will learn self-management (i.e., managing emotions, controlling impulses, and setting goals) and social awareness (i.e., seeing things from other people's perspectives, showing empathy, appreciating diversity, improving relationship skills, communication, cooperation, and conflict resolution).
- Prevention Education (Too Good for Drugs or Violence, Keep'n it Real, Sex Education, Anti Bully Education, Life Skills Training, etc.) Please see a brochure for the various prevention programs we offer.
- Preventure (2-hour brief intervention: Parent permission required) is designed for ages 12-17 aimed to reduce alcohol & substance use while improving emotional well-being.

Teens Demographics

Child's Name _____ DOB _____ Age _____

School _____ Grade _____

Gender _____ Race _____ Youth Cellphone: _____

Parent/Guardian Contact Number _____ Cell _____

Address _____

School Suspensions: YES NO N/A

Youth Probation YES NO N/A

Youth Behavioral Issues YES NO N/A If yes, described behaviors:

Youth Substance Use YES NO N/A



Information About Parents/Legal Guardians:

List information for all adults with whom youth resides.

Name _____ Relationship _____ Phone _____

Place of Employment _____ Phone _____

Name _____ Relationship _____ Phone _____

Place of Employment _____ Phone _____

Does your household receive (Select all that apply): Food Stamps Medicaid Cash Assistance

Disability Benefits Social Security

LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD

Name	Relationship	Age	School or Occupation
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

SCHOOL INFORMATION

Is the youth currently enrolled in school? Yes No

School Name: _____ Grade: _____

School Principal: _____ School Counselor: _____

Does the youth read at their current grade level? Yes No

Does the youth write at their current grade level? Yes No

Does the youth perform at current grade level in Math? Yes No

Would the youth benefit from tutoring services? Yes No

Describe any challenges with academics, behavior, and/or attendance.



JUVENILE LEGAL INVOLVEMENT PLEASE SELECT ALL THAT APPLIES BELOW:

Juvenile Arrest. If yes, for what and County? _____ Date: _____

Juvenile Probation. If so, Who is the officer? _____

Date placed on probation/supervision _____ Term Length _____

Juvenile Court. If so, what county? _____

Drug related offenses in school or in the community. Where was the offense _____

Youth was evaluated for Substance Use Disorders. If so what facility _____

Other, please identify: _____

YOUTH INFORMATION- To be filled out by the youth or referral source

What are the youth's interests, hobbies, favorite sports, and activities? _____

What are 3 positive things about myself? _____

What are 3 things I could improve on? _____

We have community nights and volunteer activities that we participate in. We like the youth to give ideas on ways to give back in our community, if you have an idea of an activity we could do in this community please list them: _____

Do you play sports or have extracurricular activities that you participate in at school?

Do you want to go to college or enter a trade school after you graduate? Yes No

If yes, where do you intend to go? _____



Youth Information continued:

What other post high plans do you have? _____

I would like to participate in:

Painting Book Club SAT Prep Tutoring Robotics Chess Darts Comics

Science Experiments Crafts Teen Store Sewing Cooking/Baking Community Service

Writing Gaming Digital Arts Leadership Other: _____

Referral Source Name: _____

Referral Source Place of Employment: _____

Referral Source Phone Number: _____

Please send completed referral to: Crandleb@familyservicesociety.org

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