



**Avalon Youth Services
Referral & Informed Parental Consent for Services**

Youth Services offers supervised visitation and custody exchange, counseling, workshops and advocacy for children and youth that are victims or witnesses of any crime or that experienced trauma.

Services are provided by appointment for families that complete the orientation and sign the participant and release of information agreement. All services are provided at no cost. Availability is based on program capacity. Counseling services are designed to assist children increase self-awareness, enhance coping skills, improve relationships and their general quality of life.

Please check all that apply:

- Individual Counseling (Age 7-17yrs)
- *Supervised Visitation (Any Age)
- Educational/Leadership Workshops
- Summer Camp for Victims of Trauma (Summer 2018)
- Monitored Custody Exchange (Any Age)
- Groups: Windows Art / Resiliency Workshops / Animal-Service Dog

Name and Age of Minor(s)

Name _____ Age _____ Name _____ Age: _____
Name _____ Age _____ Name _____ Age: _____

Parent/Guardian Statement – I have read and I understand the information contained in this document. I give my consent for my child(ren) to participate in the Avalon Youth Services (AYS) program and for referral information to be released to AYS staff.

Legal Guardian Name (Print) _____

Primary Physical Custody _____ Yes _____ No

Legal Guardian/Parent’s Signature _____ Date _____

Relationship (Mother / Father / Grandparent) Other _____

Address _____ Telephone _____

(City, Zip Code) _____ Email _____

Co-Parent Name _____ Phone _____

Address _____ Email _____

Avalon Youth Services

REFERRAL SOURCE OBSERVATIONS / CHILD HISTORY

(Complete page 2 for *each* child)

Referral Agency _____ Date of Referral _____

Agency Representative _____ Phone _____

Name _____

Child History

(If known, check all that apply)

<input type="checkbox"/>	Physical Child Abuse	<input type="checkbox"/>	Victim of Sex Trafficking
<input type="checkbox"/>	Living in home where domestic violence occurred	<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Teen Dating Violence	<input type="checkbox"/>	Bullying
<input type="checkbox"/>	Stalking	<input type="checkbox"/>	Victim of attempted sexual assault or rape
<input type="checkbox"/>	Emotional Abuse or Neglect	<input type="checkbox"/>	Victim of Sexual assault/rape
<input type="checkbox"/>	Witnessed act of violence against family/household member	<input type="checkbox"/>	None / Other:

Presenting Challenges

(If known, check any that apply)

<input type="checkbox"/>	Aggressive Behavior	<input type="checkbox"/>	Anger Management Challenges
<input type="checkbox"/>	Communication Challenges	<input type="checkbox"/>	Inappropriate Sexual Behavior
<input type="checkbox"/>	Lack of Academic Achievement	<input type="checkbox"/>	School Discipline Challenges:
<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Unhealthy Relationships	<input type="checkbox"/>	Truancy
<input type="checkbox"/>	None / Other:		

Comments

Locality: James City / Williamsburg / York / Poquoson / Gloucester / King & Queen / _____

School / Community _____ Grade _____

AYS Staff

___ Accepted

___ Not Accepted

___ Waitlist

Staff Assigned: _____

Referred To: _____ Date: _____

**Avalon does not provide Therapeutic Supervised Visitation.*