

Parents/Guardian Name _____

Address _____

Telephone # _____

Foster Care: Yes No

Name of Alternate Emergency Contact _____ Cell # _____

Court ordered need

Identifiable Experiences or Losses

- Mentoring
- Anger Management
- Job placement
- GED
- Family/Loved one loss
- Abandonment
- Victim awareness
- Other _____

- Death of someone special
- Incarceration of Parent
- Abandonment
- Separation
- Sexual Assault
- Abuse
- Childhood Trauma
- Witnessed Crime
- Any Other _____

Additional Information