



## **Community Partners Referral Form - Boys Group Spring 2026**

Thank you for referring a trauma survivor to Teens With Trauma. In order to best support youth and ensure they are connected with the most appropriate services, we ask that you complete this form as thoroughly as possible. **All questions are required** so that we can accurately assess needs, confirm service eligibility, and prioritize care for those ready and willing to engage in the healing process. Your thoughtful and detailed responses are greatly appreciated.

Once the form is completed, please email it to our admin team at [support@teenswithtrauma.com](mailto:support@teenswithtrauma.com).

### **GENERAL INFORMATION**

- **Survivor's Name:**
- **Date of Birth:**
- **Gender:**
- **Ethnicity:**
- **Preferred Pronouns:**
- **Survivor's Preferred Language:**
- **Survivor's Phone (if 12+):**
- **Survivor's Email (if 12+):**
- **Parent/Guardian Name:**

- **Okay to Contact Parent/Guardian?**

☐ Yes

☐ No

- **Preferred Language of Parent/Guardian:**

- **Parent/Guardian Phone:**

- **Parent/Guardian Email:**

### **SURVIVOR BACKGROUND**

1. **Please briefly describe the survivor's experience, including the nature, timeline, and any relevant context of the trauma:**

2. **Is the survivor currently involved in any legal or court proceedings related to the trauma?**

☐ Yes

☐ No

**If yes, please describe their current status in the process:**

3. **Has the survivor received any previous mental health services?**

☐ Yes

☐ No

**If yes, please list known diagnoses, medications, or cognitive impairments (if any):**

**4. Is the survivor currently receiving any additional support services (e.g., case management, legal advocacy)?**

- ☐ Yes
- ☐ No

**If yes, please describe:**

**5. Has the survivor expressed interest in participating in therapy?**

- ☐ Yes
- ☐ No

**6. Are the survivor's legal guardians aware of this referral?**

- ☐ Yes
- ☐ No

### **SOCIAL INTERACTION & SUPPORT NEEDS**

**1. How important is peer connection and emotional support in the survivor's healing process?**

**2. Would the survivor feel comfortable participating in a supportive group environment and sharing personal experiences? (Survivors must provide their own consent to participate in therapy - whether individual or group - in order to ensure services are meaningful and to prioritize access for survivors who are willing to engage.)**

## **AVAILABILITY & ACCESSIBILITY**

**Does the survivor have access to reliable transportation?**

## **CONFIDENTIALITY & PRIVACY**


**Are there any concerns about the survivor's privacy or comfort participating in a group setting? Please explain:**

## **CONFIDENTIALITY STATEMENT**

All information shared in this form will be kept strictly confidential and used solely for the purpose of determining service eligibility and care planning. It will only be accessed by our scheduling coordinator and licensed clinical staff.

**Please note:** submission of this referral does not guarantee acceptance into services.

Thank you for taking the time to complete this referral form. Your support is essential to helping survivors access the care they need. Once the form is submitted to [support@teenswithtrauma.com](mailto:support@teenswithtrauma.com), our admin team will follow up directly with the client or caregiver.

 **Please Note: In compliance with HIPAA regulations, once a referral is received, we are unable to provide updates regarding the client's care unless the client (or their legal guardian, if applicable) has completed a signed Release of Information form granting permission for us to communicate with you.**

We appreciate your understanding and commitment to maintaining the survivor's privacy and confidentiality.

If you have any questions or need further assistance, feel free to reach out to our team.

Email: [support@teenswithtrauma.com](mailto:support@teenswithtrauma.com)

Call or Text: 443-377-3021