



HorsePOWER

Referral Form



Name: _____

DOB: _____

Address: _____

Age: _____
Phone: _____

Parent/Guardian: _____

School District: _____ Grade: _____

Juvenile Court Involvement: Yes No Attending Alpha: Yes No

Nature of Court Involvement: _____

Is the Family currently working with: Ohio Rise FCFC MSY

Reason for Referral (Please include any Trauma History, Diagnosis, Family Dynamics, etc)

Current Supports:

Name of Agency: _____ Phone: _____

Contact Name: _____

Services Provided: _____

Name of Agency: _____ Phone: _____

Contact Name: _____

Services Provided: _____

Referral Completed by: _____ Date: _____

Date Sessions Attended

1st 6 weeks

2nd 6 weeks

Outcome / Skills Gained

Ongoing Services youth linked with
