

Evolve Referral  
Emerging Adult Program  
Avita Community Partners

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referral Source/Name: \_\_\_\_\_

Parent/Guardian name and # (if under 18 years old): \_\_\_\_\_

County of Residence: \_\_\_\_\_ Referral Phone Number: \_\_\_\_\_

Is he/she currently an Avita Client? \_\_\_\_\_

Gender	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
How did he/she hear about us? (Please provide source)	
<input type="checkbox"/>	Flyer:
<input type="checkbox"/>	Family/Friend:
<input type="checkbox"/>	Word of mouth:
<input type="checkbox"/>	School:
<input type="checkbox"/>	Avita staff:
<input type="checkbox"/>	Other:
Do they currently have a Primary Care Physician?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Living Arrangements	
<input type="checkbox"/>	Living with family
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Independent living
<input type="checkbox"/>	Temporary housing

Ethnicity	
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Non-Hispanic
Race	
<input type="checkbox"/>	African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Native American / Alaskan Native
<input type="checkbox"/>	Pacific Islander/ Hawaii Native
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Unspecified
Currently Employed?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Student?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are they involved in community activities?	
<input type="checkbox"/>	School activities
<input type="checkbox"/>	Church activities
<input type="checkbox"/>	Volunteer activities
<input type="checkbox"/>	Other:
<input type="checkbox"/>	None
Client's/Participant's needs:	
<input type="checkbox"/>	Transportation assistance
<input type="checkbox"/>	Housing
<input type="checkbox"/>	GED/College Prep.
<input type="checkbox"/>	Job interview/work attire
<input type="checkbox"/>	Evolve social activities
<input type="checkbox"/>	Other: Please list on line provided below

Is there a mental health diagnosis? \_\_\_\_\_

Is there a history of alcohol/drug abuse? \_\_\_\_\_

Are there signs/symptoms of mental or substance use disorder? \_\_\_\_\_

Client/Participant needs not listed above: \_\_\_\_\_

Are they interested in participating in our Evolve events? \_\_\_\_\_

Have you discussed this program with him/her, and do we have their permission to contact them? \_\_\_\_\_