Butterflies Program

Helping Children Spread Their Wings

External Referral Intake Packet

Date: _____

Referring Information:

Organization Name: _____ Program Name:_____

Address: _____ City, State, Zip: _____

Referral Contact Name: _____ Title: _____

Phone: _____ Email: _____

Child Information:

Name: _____ Date of Birth: _____ □ Male □ Female

Address: _____ Home Phone: _____

Ethnicity: □ African American □ Asian □ Caucasian □ Hispanic □ Native American □ Other_____

Primary language: _____ English translator needed? □ Yes □ No

Medication? □ No □ Yes _____ Services child currently receives: _____

Name & Address of School/Day Care Center: _____

Classroom #: _____ Name of Family Worker: _____

Caregiver Information:

Mother's Name: _____ DOB: _____ Father's Name: _____ DOB:_____

Does mother live with child? □ Yes □ No Does father live with child? □ Yes □ No

Mother's Phone # Cell: _____ Work: _____ Father's Phone # Cell: _____ Work: _____

Mother's Ethnicity: _____ Father's Ethnicity: _____

Mother's primary language: _____Father's primary language: _____

Translator needed? □ No □ Yes Translator needed? □ No □ Yes

Reason for Referral:

□ Recent Trauma □ Family Stress □ Separation from parents/primary caregiver(s)

□ Health Issues □ Recent changes at home □ Environmental Factors

□ Problems in school □ Other _____

Service(s) Requested:

Please send referral to: Andrea Bennett, Butterflies Program Director
University Settlement, 184 Eldridge Street, New York, NY 10002
Phone: 212-453-4534 Fax: 212-254-5334 Email: abennett@universitysettlement.org

Butterflies Program

Helping Children Spread Their Wings

□ Individual Play Therapy □ Caregiver/Child Therapy □ Children's Group Therapy □ Ind. Art therapy

□ Children's Yoga Group □ Caregiver & Child Yoga □ Supportive Classroom Asst. □ Group Art therapy

CONSENT FOR SERVICES

I agree to allow my child _____ to participate in the Butterflies Program during the program year July 1, 2007 through June 30, 2008. I understand that these program services can include: yoga and relaxation for parents and/or children, classroom observation & assistance, individual play therapy, parent & child therapy and/or children's group therapy.

I understand that the therapist will meet often to exchange ideas with the teachers and other relevant staff about my child's progress with supervision from a licensed mental health clinician on a regular basis.

I also understand that I will meet with the therapist(s) to discuss and share ideas about my child's progress. Any identifying information gathered about my child is confidential and will only be released to another organization with my written permission.

Parent/Guardian Signature **Referral Signature** **Date**

_____ _____ _____

Consent and Release Agreement

I, _____, hereby give University Settlement Society of New York and each of its subsidiaries, divisions, related entities or assigns (collectively "University Settlement"), the right and permission to use my image and/or likeness (collectively "Materials") in any manner, anywhere in the world, any number of times for any period of time for whatever purpose University Settlement may choose. I further give University Settlement the right and permission to publish, republish and/or copyright the Materials through any media or medium (whether known or unknown), including without limitation on the internet and any other digital, multi-media or electronic mediums. I waive any right to approve any use of the Materials.

Releases: I hereby release, discharge and agree to hold University Settlement and any person acting on University Settlement's behalf or with University Settlement's permission harmless from any liability whatsoever related in any way to use of the Materials.

Please check one box:

☐ I warrant that I am not a minor and am competent to contract in my own name.
☐ I am a minor and a parent and/or guardian will sign on my behalf below.

Please send referral to: Andrea Bennett, Butterflies Program Director
University Settlement, 184 Eldridge Street, New York, NY 10002
Phone: 212-453-4534 Fax: 212-254-5334 Email: abennett@universitysettlement.org

Butterflies Program

Helping Children Spread Their Wings

I have read the foregoing release, authorizations and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof:

For University Settlement Society of New York Employees

_____ _____ _____

EMPLOYEE SIGNATURE EMPLOYEE TITLE DATE

For Persons not Employed by University Settlement Society of New York

Signature: _____ Date: _____

Address: _____ Phone: _____

⇨ **For Parents and/or Guardians of Minors**

I hereby certify that I am the parent and/or guardian of _____ who is a minor, and hereby consent that his/her image and likeness which has been or is about to be taken or recorded and any content provided by him/her through interviews or otherwise, may be used by University Settlement for any purposes set forth in the release above, signed by the minor, with the same force and effect as if signed by me.

Signature: _____ Date: _____

Address: _____ Phone: _____

Please send referral to: Andrea Bennett, Butterflies Program Director
University Settlement, 184 Eldridge Street, New York, NY 10002
Phone: 212-453-4534 Fax: 212-254-5334 Email: abennett@universitysettlement.org