



WV Trauma-Informed Mindfulness Engagement for Kids Referral Form

Date of Referral: _____

Referral made by: School Wayne Co Drug Court Cabell Co Drug Court Cabell DHHR
 Wayne DHHR Child Advocacy Center Other(specify) _____

Student: _____ Grade level: _____

Elementary School: Central City Spring Hill Ceredo-Kenova Wayne

Student Legal Guardian: _____

Phone #: _____ Alternate Phone #: _____

Street Address: _____

City: _____ Zip Code: _____

Concerns prompting referral: SUD of parent/guardian Removal Suspected or known abuse
 Behavioral problems Other (please specify)

Please list any known service providers with whom the student is currently engaged.

Guardian in need of Legal Aid assistance? Yes No Unsure

Please send completed form to Robin Looney at looney5@marshall.edu.

WV TIME4K is funded through a grant from the Department of Justice and the Office of Victims of Crime.

Andrea Roy, Project Coordinator

royan@marshall.edu

304.696.2641

Robin Looney, Treatment Coordinator

looney5@marshall.edu

304.696.2665

Office use: _____

Date assessment scheduled: _____

Notes (dates of attempts at contact, barriers, etc.): _____