



# 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](mailto: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](mailto:royan@marshall.edu)

304.696.2641

**Robin Looney, Treatment Coordinator**

[looney5@marshall.edu](mailto:looney5@marshall.edu)

304.696.2665

---

Office use: \_\_\_\_\_

Date assessment scheduled: \_\_\_\_\_

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