Referral Form: Evolution Youth Services, Brazilian Jiu Jitsu Program

Referring party's signature below constitutes an agreement to pay based on the contracted rate.

General Program Information

Referring Agency:	Referring Party Phone Number:
Name of Referring Party:	Referring Party Email:
Remit Invoices to:	Contact Info:
To Whom Should Monthly Status Reports be Sent:	

Client Information

Client Name:	D.O.B.	Gender:
Client Phone Number:	Client School:	
Pending Charges & Case #	Next Court Date (if applicable):	
Reason for Referral/ Current Issues and or Concerns:		
Gang Affiliated ☐	If so, which gang:	
Hx of Violence/ Assault ☐	Mental Health Issues ☐	Substance Abuse ☐
Sexual Offender ☐ (Sexual offenders are strictly, without exception, prohibited from participating in our program)		

Family/ Legal Guardian

Father's Name:	Mother's Name:
Father's Phone Number:	Mother's Phone Number:
Who is it best to contact regarding the client: Father ☐ Mother ☐ Either ☐	
With whom is the youth currently living?	
Please rate family's involvement/ engagement: Poor ☐ Fair ☐ Well Engaged ☐	

Note to the referring party:

Brazilian Jiu Jitsu is a physically demanding sport that can lead, intentionally or accidently, to injury of various degrees. Our program is designed to minimize accidental injury and mitigate the risk of intentional injury to a student. To that end, if a participant's actions, behavior, or attitude pose an increased risk to the safety of students or instructors they will be discharged immediately.

Signature _____ Date _____

Printed Name _____ Job Title _____

Evolution Youth Services
Providing Trauma-Informed Services to At-Risk Youth

Authorization for Release of Information

I, _____ (name of client), in accordance with federal rules, 45 CFR part 164 (Health Insurance Portability and Accountability Act of 1996), **authorize the release of information about me as indicated below** and hereby consent to communication between Evolution Youth Services and the following:

- ☐ Denver Public Safety Youth Programs
- ☐ Juvenile Probation
- ☐ Denver Police Department
- ☐ Parent
- ☐ Denver Public Schools
- ☐ Denver County Court Probation
- ☐ GRID
- ☐ Denver Sheriff's Department
- ☐ Department of Human Services
- ☐ _____

The purpose of and need for the disclosure is to inform agencies indicated above of my attendance, behaviors, performance, coordination of services and progress in my treatment.

The extent of information to be disclosed is:

☐ Name	☐ Diagnosis Information	☐ Pre-Sentence Report
☐ Referral Information	☐ Attendance Data	☐ Other
☐ Clinical Progress Data	☐ Clinical Termination Data	☐ Other

I understand that this release of information will remain in effect for a period of one year.
I understand that I may revoke this consent at any time through written notification and upon confirmed receipt by Evolution Youth Services.

I hereby give permission to the City and County of Denver, its affiliates, Denver Public Schools and other partner organizations to release educational records (including but not limited to attendance record, grades, test scores, behavioral referrals, suspension/ expulsion records and/or delinquency/criminal and other records to Evolution Youth Services for the purposes of evaluating the success of the program and to be able to more effectively serve my child. I also give permission for my child to respond to questions that assess my child's experience with Evolution Youth Services, his/her feedback on the program, and any impact the program may have had on my child's academic performance and/or behavior. I understand that all information collected on my child will be kept confidential as required by applicable law, and that these confidential records will not be used for any purpose other than to evaluate the success of the program. Data will be released to authorized outside entities for evaluation purposes and all confidentiality standards will be up held.

Authorization
My signature below means I understand and accept the terms of this Authorization. A copy of this Authorization (including a fax) is as valid as the original. I have a right to receive a copy of the signed Authorization.

Youth's Signature: _____ Date:_____

Printed Name of Parent/Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Relationship to Youth: _____

Evolution Youth Staff Name: _____ Date: _____

Evolution Youth Staff Signature: _____