



## Community Partner Referral Form

**Fun, supportive, year-round events and summer camp programming for youth ages 7-11 who have been impacted by domestic violence, sexual abuse or trauma.**

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your email: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Caregiver's relationship to child: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_ Caregiver Phone#: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_ Best contact time: \_\_\_\_\_

Is it safe to: Text?: yes no Leave a voicemail?: yes no Email?: yes no

**This is a program is for youth ages 7-11 years old that have been impacted for trauma.**

**Please indicate the child's trauma below (select all that apply):**

Child Abuse (physical/emotional/neglect) Child Sexual Abuse Domestic Violence  
Witnessing Domestic Violence Other (please specify):

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

**What specialized services is the child receiving?**

**How long ago was the child impacted by trauma and have they been able to process with a professional?**

**How does the child react when they are stressed, angry, or experiencing conflict?**

**Please describe any behavioral issues the child is working through.**

**What are the child's strengths?**

**What activities does the child enjoy?**

**What do you think the child might gain from participating in Pathways and Camp Hope programming?**

**Completed forms can be emailed to [Pathways@havennh.org](mailto:Pathways@havennh.org), texted to 603-686-3900,  
or mailed to HAVEN, 20 International Drive Suite 300, Portsmouth NH 03801**