

Please tell us a little about the child who is interested in attending HAVEN's year-round Pathways Mentoring and Camp HOPE programming. Once we receive completed interest forms from **both** the child's caregiver and referring community partner, we will schedule an informal "meet and greet" with caregiver and child to answer questions and discuss how HAVEN can best support them on their healing journey.

**All information collected is confidential and will not be shared without written permission.
Completed forms can be emailed to pathways@havennh.org*

Your Name:

Organization:

Your Phone #:

Your email:

Caregiver's Name:

Caregiver's relationship to child:

Caregiver's Address:

Best contact time:

Caregiver's ph#:

Caregiver's email:

Is it safe to: *Leave message?* **Yes** **No** *Text?* **Yes** **No** *Email?* **Yes** **No**

Child's Name

Child's DOB:

What grade will child be entering in the fall of 2022?

Child's school:

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 this child might gain from participating in Pathways Mentoring and Camp HOPE?