



Strategic Resolutions LLC

“BUILDING A BETTER YOU!”

Services for Individuals, children and families

419 Whalley Ave Suite 309, New Haven, CT 06511

Office: (203) 823-9150 Fax: (203) 905-6809

Therapeutic Mentoring/Support Staff Intake Form

Date of Referral:	
Child(ren) Name (s):	DCF Link #: If applicable
Child's DOB:	Child's Ethnicity:
Child's address:	
Child in out of home placement: Y or N <i>(If yes, please provide details of placement)</i>	
Parent/Foster Parent name:	
Street Address:	City:
Contact number (s):	
Service Information:	
Length of Services <i>(ex: 3 months)</i> / Hours per week?	
Referring Worker Name:	Worker number:
Referring Supervisor:	Supervisor number:
Regional office:	
Payment approval date:	
Services Requested:	
Areas of Needed Support:	
Goals for the Child:	
1.	
2.	
3.	

Diagnosis:

Childs Likes/Dislikes?

Please fax to: Strategic Resolutions (203) 905-6809 **or** email to: tgrey@strategicresolutionsct.com
THANK YOU!