Intake Packet

Date Intake Completed:	Date Entered into CaseWorthy:
Referral Source:	Exit Date:

Participant Name:

Assigned Mission Staff:

Location:	**Enrolled Program:**
☐ Abilene Area ☐ San Angelo Area ☐ Odessa Area ☐ Midland Area	☐ Career Center

Voluntary Disclosure of Disadvantaging/Disabling Condition

The mission of Goodwill-West Texas is to provide opportunities for people with barriers to employment. The vision of Goodwill-West Texas is: We will, with purpose, support and serve all individuals in West Texas seeking to enhance their life through opportunities that provide self-sufficiency and sustainability.

Providing services to those with disabilities or disadvantages is one of the ways we meet this mission and vision. Answering honestly will not disqualify you for services. Your honest answer keeps Goodwill-West Texas accountable to our mission.

Disadvantaging/Disabling Condition:

1. Adult Mentee
2. Autism
3. Blindness or other visual impairment
4. Deafness or other hearing impairment
5. Developmental disability other than Autism
6. Dislocated worker
7. Emotional disability
8. History of substance abuse
9. Homeless
10. Immigrant
11. Incumbent worker
12. Justice Impacted (including persons with a criminal background or those reintegrating back into society)
13. Lack of childcare services
14. Lack of transportation
15. Learning disability other than Autism
16. Neurological disability
17. Other disabling condition
18. Other physical disability
19. Psychiatric disability
20. Refugee
21. Two or more disabling conditions
22. Underemployed
23. Unemployed
24. Youth Mentee

Please select the following statement that best describes you:

- ☐ I identify with the following disadvantaging/disabling condition (write number from list above):_____
- ☐ I identify with a disadvantaging/disabling condition listed above but **do not** want to disclose it.
- ☐ I do not identify with any disadvantaging/disabling conditions listed above.
- ☐ I choose to decline to self-identify.

MISSION PROGRAMS

1. CAREER CENTER *(Abilene, San Angelo, Midland, Odessa)*…….....

- One-on-One Career Coaching
- Resume Writing
- Job Placement/Retention Services
- Auxiliary Supports (ID assistance, bus passes, clothing vouchers, GED test payments)

Digital Skills Training

- Basic Digital Skills (online tutorials ie. computer basics / typing / internet basics)
- Productivity Software Skills (online tutorials ie. Microsoft applications, Google Digital Skills Training)

This program is funded by the sale of donated items in Goodwill West Texas retail stores.

2. VOLUNTEER OPPORTUNITIES ……..……...…..……

- Volunteers (regular, school groups, college students)
- Court-Mandated Service hours for people on parole
- Placement site for subsidized work experience programs through TWS
- Internships & VISTAs

This program is funded by the sale of donated items in Goodwill West Texas retail stores.

3. EMPLOYEE DEVELOPMENT PROGRAM *(Employee Only Training)* ……..

- Personal and Professional Development
- Employee Assistance Program
- GoodLife Program
    - Track 1-2
    - Leadership Skills

This program is funded by the sale of donated items in Goodwill West Texas retail stores.

Informed Consent

Description of Services and Enrollment

Goodwill-West Texas, with purpose, supports and serves all individuals in West Texas seeking to enhance their life through opportunities that provide self-sufficiency and sustainability. Our mission is to provide opportunity for people with barriers to employment. People served may come from a variety of different backgrounds and overcome a variety of different barriers, disabilities, and/or disadvantages. These may include, but are not limited to the following: physical, emotional, cognitive, developmental disabilities, and vocational disadvantages due to social circumstances or economic hardship. Goodwill-West Texas programs serve persons who are eligible and in need of services, from ages 16 and up (provided that the client has received required consents from their legal guardian or decision-making authority, as Goodwill does not have legal decision-making authority for individuals under the age of 18). We provide a wide range of programs and services, free of charge, to the communities in which it serves. Among those offered are: vocational skills training and assistance, digital skills, youth soft skills training, auxiliary supports, community referral management and general life skills coaching. Please speak with your assigned mission staff person about other services which interest you and we may be able to connect you with appropriate resources to meet your goals. We also work closely with other agencies and will provide referrals for their services if needed. Our goal is to cooperate with a diverse group of individuals and organizations in order to provide you with the best possible service. Participants are also welcome to simply visit our centers during business hours to use the computers, however we ask you abide by the program rules during your visit.

General admission criteria for any Goodwill program includes:

- Depending on the program, clients must be 16 years of age or older at the time of entry and have received required consents from their legal guardian or decision-making authority (Goodwill does not have legal decision-making authority for individuals under the age of 18.)
- Clients have a need for and benefit from Goodwill services
- Clients attest that their behavior is under control and not in danger of harming themselves or others
- An agreement in working toward goals of the Individual Assessment Plan
- A presentation by the Mission Services staff of required program documentation during the intake process
- An understanding that transportation is largely the participant's responsibility (refer to transportation policy MS 4.1 for more information)
- Clients must be able to independently care for personal needs (with or without the support of a physical care attendant(s))
- Clients must meet all criteria for the individual program for which admission is being sought

Confidentiality

It is important to us that you understand your rights to choose confidentiality. Discussions with your specialist, or any other representative with our agency, will remain confidential. Your privacy as a participant is valued and respected, therefore we will not discuss your case with anyone outside our agency without your permission. However, we are required by law and professionals' ethics to break confidentiality in certain circumstances, requiring the sharing of information with other professionals when incidents of threat to self or others and/or abuse has been disclosed. Also, should your records be subpoenaed by the court, we are required to comply by these requests. We may also discuss your case with other Goodwill-West Texas staff to better provide you the services you need.

Client Responsibilities

Our staff will be dedicated as you are in your effort to successfully transition into or maintain sustainable employment. It is your responsibility to follow-through with service plans you develop with your specialist. If you feel that a service plan is not appropriate for you at any point, it is your duty and right to discuss changes you believe may be more effective for you. Any grievances should follow appropriate escalation measures, starting with first addressing your specialist directly. Additionally, you are not responsible for any financial obligations for services provided as all Mission Services programs and services are offered to participants free of charge.

Hours of Operation & Emergency Services

Goodwill-West Texas Mission Services offices are open from 8:00 a.m. - 5:00 p.m. Monday through Thursday and 8:00 a.m. - 3:00 p.m. on Friday's with the exception of some holidays. The offices are closed from 12:00 p.m. – 1:00 p.m. daily for lunch. While they are drop-in centers, the best way to ensure a meeting with a staff member is to schedule an appointment. If you choose to drop-in, be aware that you may have to wait until the staff member is available to help you. It is recommended that you call before you drop-in to ensure that staff is available. In addition, you are asked to contact the center via telephone if you will be late for or need to cancel a scheduled meeting.

In the event of an immediate emergency, please call 911.

Satisfaction Survey

Mission Services staff will internally review the quality, appropriateness and effectiveness for the programs and services provided to each person served in Goodwill programs. Participants will be surveyed to determine their level of satisfaction with Goodwill services. All mission program participants will be provided the opportunity to submit a satisfaction survey. The survey can be found online at: http://www.goodwillwtx.org/Surveys. Hard copies of the survey can be found with any member of mission staff. Completed online surveys are forwarded to the Director of Mission Services for review. Surveys with comments which require additional clarification or information are forwarded to the appropriate Mission Services staff member. The staff member will consult with the assigned Goodwill representative for commentary. The staff member must respond to any negative commentary in 48 hours or less.

Termination of Services

Entry into Goodwill-West Texas programs will remain in effect until the end of the current calendar year following signature, or until modification or discontinuation are requested from you as the client. The goal of Goodwill is to assist individuals with barriers to employment achieve their highest level of functioning. The individual's needs are assessed on an ongoing basis to determine the continued benefit from receiving services. The program staff, along with the participant and other stakeholders, will determine when it is appropriate to discontinue services. Types of termination include:

- Voluntary Termination – this type of termination is discussed in advance and mutually agreed upon and may occur when the maximum benefit from services has been achieved, the program has been completed, you indicate that you are no longer in need of service, or you are moving.
- Involuntary Termination – this type of termination is decided by one party and is not agreed upon and may occur in the following instances: client has violated program rules, exhibited maladaptive behaviors, violence, physical and/or verbal aggression, abuse, sexual misconduct or harassment, display or use of weapons, threats of homicide, other behaviors which pose a danger to self or others, health/medical reasons and attendance issues.

Periodically, and at a minimum of an annual basis, you will be requested to update your personal contact information and goals pertaining to your service. You always have the right to terminate services with Goodwill-West Texas if you so choose. We hope, however, to create with you a lasting sense of support that positively influences your transition into sustainable employment.

Discrimination and Disabilities Statement

Goodwill-West Texas will not discriminate because of age, race, color, creed, sexual orientation, disability, or national origin and we shall strive to eliminate or prevent discrimination in providing services.

Goodwill-West Texas is committed to complying with all applicable provisions of the Americans with Disabilities Act (ADA). Consistent with this policy of nondiscrimination, Goodwill will provide reasonable accommodations to a qualified individual with a disability (as defined by the ADA) who has made Goodwill aware of his or her disability, provided that such accommodation does not constitute undue hardship on Goodwill-West Texas.

Informed Consent Cont.

Consent for Services

I, the undersigned participant and/or parent/guardian, hereby consent and agree that I or my child can participate in services provided by Goodwill-West Texas. I acknowledge that all services are voluntary and I will participate when I so choose.

☐ Yes, I consent ☐ No, I do not consent

Photo Release

I, the undersigned participant and/or parent/guardian, hereby consent to the release by Goodwill-West Texas of pictures, stories, videos, or reports that may identify me for the purpose of communication or program promotional materials.

☐ Yes, I consent ☐ No, I do not consent

General Release of Liability and Medical Authorization

I, the undersigned participant and/or parent/guardian, hereby consent and agree that I or my child may participate in all Goodwill-West Texas activities and that Goodwill-West Texas will be held free from any liability for any injury suffered by myself, including medical expenses, damages, causes of action or any other claim of any sort whatsoever. Furthermore, I also authorize Goodwill-West Texas to seek medical attention for myself in the event that such services are deemed necessary by Goodwill-West Texas Staff. I understand I will be responsible for any and all costs incurred in connection with the delivery of medical attention, and I hereby agree to indemnify Goodwill-West Texas from the liability of said costs.

☐ Yes, I consent ☐ No, I do not consent

My signature below indicates:

1. I am requesting assistance from the Goodwill - West Texas Mission Services Department.
2. I understand my rights to privacy and confidentiality and their exceptions.
3. I have received written notice of Goodwill - West Texas Career Centers practices to protect my privacy.
4. If I have any questions, I must contact my specialist who can provide further explanation.

These consents will remain in effect for **one year** following signature, or until modification or discontinuation are requested from you as the client.

_____ _____
Participant Signature Date

_____ _____
Guardian Signature *(if applicable)* Date

_____ _____
Mission Staff Signature Date

Client Rights

All participants at Goodwill-West Texas have the following rights:

The Right to Safety

- The right to be free and protected from abuse, neglect, humiliation, financial and other exploitation. Participants also have the right to privacy and to have their confidential information kept secure.

The Right to be Informed

- The right to be given information and resources in a timely manner so participants can make informed decisions about their services.

The Right to Choose

- Participants have the right to be given options and express their choices on the services provided. Participants have the right to refuse services at any point in their program or in multiple or concurrent programs. Participants have the right to withdrawal consent at any point in time. Participants have the right to provide input on their service delivery when feasible. Participants have the right to choose if information will be shared and if so, with whom, as well as to refuse to share information. Participants have the right to review their records. Participants have the right to choose and access referrals to legal entities for appropriate representation and advocacy support services.

The Right to be Heard

- Participants have the right to have their feelings and opinions heard by Goodwill West Texas staff in planning services without fear of retaliation. Goodwill West Texas will provide access to referrals of appropriate support, including self-help support services and other organizations.

The Right to Service

- Participants have the right to receive full services and all other legal rights to which they are entitled to without regard to age, sex, gender, marital status, disability, sexual orientation, socio-economic status, or national origin.

Participant Rights are presented at the initial time of service, posted perpetually on-site, and reviewed on an annual basis. If any participant feels that their rights have been violated, they may speak with any staff member or supervisor at Goodwill-West Texas. Reports can be made confidentially and without retaliation or barriers to service to the Director of Mission Services at 325-676-7925. Mission Service representatives will take prompt and positive action to resolve and respond to the concerns. Once an allegation is received, the President or a designee will review the complaint and respond in writing within 10 business days. All allegations of rights violations will be investigated. Additionally, participants may choose to file a grievance if they feel the situation requires it. Please refer to the grievance policy for more information.

My signature below indicates:

1. I understand my rights as a client.
2. I understand how to report a violation of my client rights.
3. If I have any questions, I must contact my specialist who can provide further explanation.

_____ _____
Participant Signature Date

_____ _____
Guardian Signature *(if applicable)* Date

_____ _____
Mission Staff Signature Date

Client Grievance Policy and Procedure

Goodwill has an open-door policy regarding employee and client grievances/concerns and provides opportunities for employees and clients to voice their opinion about matters affecting them and their environment. A grievance is defined as any complaint arising out of a policy or action which the individual believes is unfair. Employees and clients are provided a fair opportunity to have their issues reviewed without fear of retaliation. An employee or client will not be subject to reprimand, harassment, or any adverse action as a result of initiating a complaint or providing testimony regarding a complaint.

Clients are encouraged to first discuss the concern with their Mission Service representative and to initiate this discussion as soon as possible when the concern arises (within 5 days of the incident). Clients may also have their guardian and/or trusted support person communicate and/or submit a grievance on their behalf. Mission Service representatives will take prompt and positive action to resolve and respond to the concerns. If the client/guardian feels the issue cannot be resolved informally or if the complaint is not resolved to the client/guardian's satisfaction, the client/guardian may submit a Grievance Form to the President of Goodwill within 20 business days of the incident. Grievance forms are available from Human Resources, a Mission Services staff member or the Store Manager. Once received, the President or designee will review the complaint and respond in writing within 10 business days. If applicable, complaints, questions or concerns may also be submitted for external review to Goodwill Industries International at www.goodwill.org.

Client Grievance Procedure

- All formal client grievances will be documented and kept in a file on the Goodwill-West Texas secure server.
- All formal complaints will be analyzed for the following at the point the grievance is submitted and annually for:
  - Whether or not a formal complaint was received
  - Trends
  - Areas needing performance improvement
  - Actions to address improvements needed
  - Implementation of the actions
  - Whether the actions taken accomplished the intended results
- A record of the above analysis will be maintained in the file for the Mission Services Director on the Goodwill-West Texas secure server.

My signature below indicates:

1. I understand the Client Grievance Policy.
2. I understand how to file a Client Grievance.

_____ _____
Participant Signature Date

_____ _____
Guardian Signature *(if applicable)* Date

_____ _____
Mission Staff Signature Date

Program Rules and Consequences

Program Rules

- You must be a willing participant toward the overall success of your approved plan.
- You should treat Mission staff, other participants, equipment, the office, and property with respect.
- Profanity and aggressive behavior will not be tolerated.
- Please be on time for appointments with Mission staff or call your specialist at least 24 hours ahead of time if you are not able to keep an appointment.
- Do not use the community phone without permission and/or for a period longer than fifteen (15) minutes.
- Mission services computers can only be used for purposes to further the goals in your specific assessment plan. Unapproved activities on YouTube, game sites, Pandora, Netflix, streaming movies, etc. is not allowed.
- Do not use Career Center computers without permission and/or for a period longer than two (2) hours.
- If receiving ID assistance, the maximum number of times you can request a single form of identification is (2) **two**.
- No "horseplay" at Mission Services facilities or stores.
- You must Adhere to the Goodwill-West Texas Emergency Safety Plans.
- No weapons (firearms, explosives, knives or sharp objects etc.), illegal drugs, or alcohol are allowed on-site or in the store.
- No fighting at Mission Services facilities or stores.
- Do not take anything that does not belong to you.
- If you must bring your children to your appointment, they must be accompanied by an adult at all times.
- All property of Goodwill-West Texas that is used by a participant, will be returned to its rightful owner/place before leaving Goodwill-West Texas facilities.
- Do not come to Goodwill-West Texas if you are under the influence of any substance that would impede your ability to work effectively towards your goals.
- You will not engage in any illegal activity (underage smoking or drinking, using illegal substances, etc.) when present at Goodwill-West Texas facilities.

Consequences

- You will be asked to leave the Goodwill-West Texas properties or store.
- You may be involuntarily discharged from services and/or the program in which you are enrolled.
- An incident form may be completed and your referring agency or case manager may be notified.
- You may be reassigned to a different Mission Services Staff Member.
- Your appointment will be canceled and/or postponed.
- If applicable, your parents will be informed of the violation.
- If necessary, a call to the local Police Department will be made for assistance.

My signature below indicates:

1. I have read, understand, and discussed with Mission staff the rights and responsibilities outlined in this document.
2. I understand that I can ask questions about my rights and the services offered through Goodwill - West Texas at any time.
3. I also understand that I can terminate services at any time.

_____ _____

Participant Signature Date

_____ _____

Guardian Signature *(if applicable)* Date

_____ _____

Mission Staff Signature Date

Consent for Release and Request of Information

Goodwill-West Texas staff members will be working with you and other service providers to provide comprehensive employment services. This may require Goodwill-West Texas staff members to discuss your demographics, progress and history with other service providers and potential employers to help obtain employment, retain employment, apply for additional services, or to allow for case managers from other agencies to follow your progress. New authorizations can be completed at any time to reflect accuracy of services being provided by outside agencies. This authorization is confidential and will remain in effect for one year following signature, or until modification or discontinuation are requested from you as the client.

The following is a list of information that could be discussed with potential employers and other service providers. The below listed information may be shared through a variety of formats, including, but not limited to, written (paper/mail), electronic (phone/email/fax), or verbal communication.

Please select which items you consent to being released or requested:

□ *admission/discharge summary*	□ *ID information for i9 docs*	□ *evaluations/reports*
□ *employer information*	□ *wage information*	□ *education/school history*
□ *employment applications*	□ *work history*	□ *social service history*
□ *program participation*	□ *TDCJ/County jail records*	□ *criminal record*
□ *social service databases (CharityTracker, UniteUs, etc.)*		□ *medical attestation*

Name of person(s) and Agency/Business of which the above information can be released or requested:

Name of Person / Agency / Business: _____

Name of Person / Agency / Business: _____

Name of Person / Agency / Business: _____

Name of Person / Agency / Business: _____

My signature below indicates:

1. I hereby grant Goodwill - West Texas the right and permission to disclose the selected information outlined within the parameters of this release, to the parties listed above.

2. I understand that I have the right to revoke my consent at any time and agree to notify a member of the Mission staff of this need for change.

_____ _____
Participant Signature Date

_____ _____
Guardian Signature *(if applicable)* Date

_____ _____
Mission Staff Signature Date

Enrollment Data

* *denotes required information*

*Name: _____ *DOB: _____ *Gender: _____

Primary Language: _____ Marital Status: _____ Ethnicity: _____

*Are you a U.S. Citizen? ……..…….... □ Yes □ No

If no, do you have documentation to work in the U.S? ……...…… □ Yes □ No

*Address: _____ *City, State* _____ *Zip*_____

*Phone: _____ Alt. Phone: _____

*E-Mail: _____ *How did you hear about us?_____

*Emergency Contact: _____ Phone _____ Relation _____

Current Living Status:

- ☐ Independent
- ☐ Family
- ☐ Friends
- ☐ Group Home
- ☐ Homeless
- ☐ Transitional Housing: _____
- ☐ Substance Abuse Program: _____
- ☐ Residential Treatment Facility: _____

Participant's Children *(Gender & Ages)*: _____

If you have children, are you in need of childcare? ……..……..……. □ Yes □ No

*History of Military Service: ……..…..…….. □ Yes □ No

Are you a Military spouse or dependent? ……..…..... □ Yes □ No

Are you the caregiver of a service veteran? ……..….... □ Yes □ No

Are you a current or former Foster Youth? ……..……. □ Yes □ No

Do you have your Social Security Card: …….. □ Yes □ No

Do you have your Birth Certificate: ……..…. □ Yes □ No

Do you have a State ID or DL: ……. □ Yes □ No

Health and Wellbeing

Health and Wellbeing

Select the statement that best reflects your current situation:

☐ 1 - My immediate family or I have physical, mental or substance use concerns that **prevent** my employment or daily life activities.

☐ 2 - My immediate family or I have physical, mental or substance use concerns that **often interfere** with my employment or daily life activities.

☐ 3 - My immediate family or I have physical, mental or substance use concerns that **sometimes affect** my employment or daily life activities.

☐ 4 - My immediate family or I have **no** physical, mental or substance concerns that affect my employment or daily life activities.

☐ 5 - My immediate family and I are healthy and participate in preventive health measures (examples include annual check-ups, screenings, vaccinations)

Describe any health and/or safety concerns and/or if you would need any reasonable accommodations:

_____

_____

_____

Insurance

Select the statement that best reflects your current situation:

☐ 1 - No medical coverage with immediate need.

☐ 2 - No medical coverage and great difficulty accessing medical care when needed.

☐ 3 - Some members (e.g. children) have medical coverage.

☐ 4 - All members can get medical care when needed, but may strain budget.

☐ 5 - All members are covered by affordable, adequate health insurance.

☐ 6 - VA medical coverage

Do you currently receive SSI or SSDI? …….. □ Yes □ No

Education Information

*Have you obtained a High School Diploma or GED? □ Yes □ No

If yes, where and when? _____

If no, highest grade level completed? _____

*Have you obtained any degrees or certifications? □ Yes □ No

If yes, where and when? _____

Are you enrolled in the following?

- ☐ GED Classes
- ☐ High School:_____
- ☐ Occupational Training
- ☐ Technical School
- ☐ Junior College/Community College
- ☐ 4 Year College/University
- ☐ 4 Year College/University

Are you interested in enrolling in the following?

- ☐ GED Classes
- ☐ High School:_____
- ☐ Occupational Training
- ☐ Technical School
- ☐ Junior College/Community College
- ☐ 4 Year College/University
- ☐ 4 Year College/University

Job Readiness Assessment

Section 1: What are your areas of professional interest? *(check all that apply)*
*If unsure of professional interests or if the client would be open to discovering their interests, please move to the O*Net Section.*

- ☐ Assembly/Warehouse
- ☐ Transportation
- ☐ General Labor
- ☐ Custodial
- ☐ Customer Service
- ☐ Medical Administrative
- ☐ Office Administrative
- ☐ Childcare
- ☐ Education
- ☐ Food Service
- ☐ Retail
- ☐ Other: _____

Section 2: O*Net: Please complete the O*NET Interest Profiler located at www.mynextmove.org or if the internet is not available, a paper/pen copy can be provided.

Please enter your results below:

_____	Realistic	practical, hands-on problems and answers
_____	Investigative	ideas and thinking
_____	Artistic	acting, music, art, design
_____	Social	helping other people
_____	Enterprising	starting and carrying out business projects
_____	Conventional	procedures, information, and details

Section 3: Based on the professional interest listed above or the results of the O*Net Survey, identify up to two specific careers that fit your interests and preparation level you plan to achieve in the future:

Occupation	***Bright Outlook?*** ☀
	☐ Yes ☐ No
	☐ Yes ☐ No

Are you currently Working? □ Yes □ No

If yes, position/hours/salary? _____

Do you know how to apply for a job? □ Yes □ No

Do you have a current Resume? □ Yes □ No

Do you have any financial obligations? □ Yes □ No

Do you have an email address? □ Yes □ No

Availability and Work Preferences

What days of the week can you work? □ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat

What hours can you work? □ Mornings □ Afternoons □ Evenings □ Nights

How do you prefer to work? □ Alone □ With others □ Both

What environment do you prefer to work? □ Inside □ Outside
□ Fast Pace □ Slow Pace

What type of work are you looking for? □ Full-Time □ Part-Time □ Either

Transportation

What is your primary mode of transportation? □ Car □ Walk □ Bus □ Family/Friend □ Other _____

Do you have a valid driver's license? □ Yes □ No Do you own a car? □ Yes □ No

Legal Information

Have you ever been convicted of a felony or misdemeanor? □ Yes □ No

If yes, what? _____ *Year of conviction:* _____

Have you ever been incarcerated? □ Yes □ No

If yes, county, state, or federal prison? _____ *Year of release:* _____

Are you currently on probation or parole? □ Yes □ No

If yes, who is your probation officer? _____

Action Planning Worksheet

Individual Service Plan

SMART Goals: S – Specific, M – Measurable, A – Attainable, R – Relevant, T – Timely

Client Name:_____ Mission Staff Name:_____

Employment Goal:_____

#	Task	Person Responsible	Target Date of Completion	Actual Date of Completion
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes, Considerations, Risks, Referrals

Case Notes

Date:

Date:

Date: