

GirlZpace Referral

Walnut Avenue Women's Center Youth Department

WAWC Youth Department's mission is to revolutionize the role of youth in society and to raise their expectations of respect and safety through role modeling, advocacy and education.

YOUTH'S NAME: _____ DOB: _____

ADDRESS: _____ PHONE 1: _____ PHONE 2: _____

Primary Language of Family: _____ Primary Language of Youth: _____

Current School Attending: _____ Grade level: _____

Services of Interest

- GirlZpace:** a program for girls to access gender specific services and participate in skill-building activities.
- Mentoring Program:** a one-on-one relationship with an adult role model.
(Registration July-October)

Support Groups

- Girl Talk:** A support group for girls who have witnessed or experienced domestic violence.
- Wise Guys:** A support group for boys who have witnessed or experienced domestic violence.

Empowerment Programs

- She Rocks!:** An 8-10 week activist group offered twice a year for girls 14-18 yr old.
- Youth Adventures Club:** Offers a variety of recreational and youth development activities every Friday throughout the summer months.

Youth Information

Does the youth know s/he's being referred? _____ Do they want to be? _____

Youth's strengths and interests (e.g. writing, athletics, team cooperation):

Youth's special needs (e.g. disabilities, medical needs):

Youth Development Services of the Walnut Avenue Women's Center
303 Walnut Avenue, Santa Cruz, CA 95060
(831) 426-3062
Fax referrals to: (831) 426-3070 OR email Natalie at norozco@wawc.org

GirlZpace Referral

To Walnut Avenue Women's Center Youth Department

YOUTH HISTORY: Please check all applicable:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Beyond Parent Control | <input type="checkbox"/> Depression | <input type="checkbox"/> Drugs/Alcohol |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Family Relations | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Peer Relations | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Difficulty in School | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Survivor of abuse | <input type="checkbox"/> Homelessness |

Safety concerns (e.g. teen dating violence, self harm):

Family's strengths (e.g. communication):

Family's needs (e.g. food, support group, parenting class):

Family's challenges (e.g. DV, CPS):

Any additional comments

REFERRING PERSON/AGENCY: _____ PHONE: _____

PARENT SIGNATURE: _____ DATE: _____

Youth Development Services of the Walnut Avenue Women's Center
303 Walnut Avenue, Santa Cruz, CA 95060
(831) 426-3062
Fax referrals to (831) 426-3070 OR email Natalie at norozco@wawc.org