



Trauma Informed Parenting Group Referral:

Please note: Referral information needs to include caregiver being referred AND 1 identified youth's information if being billed through Medicaid (*youth must reside in Kent county or caregiver must live in Kent county AND youth needed to be removed from KENT*).

- If removed from and live out of county -OR- have commercial insurance ONLY – private pay is \$48.75 per week (6 weeks total = \$292.50).
- Please note, if in Foster Care, provide a copy of court docs showing out of home placement.

Please submit this referral form to Melissa Kramer via fax (616) 942-9548 ATTN: Melissa Kramer or email counseling@wedgwood.org at least one week before class start date.

2025 DATE OF GROUP REQUESTING:

- January 15 - February 19 | 5:30 - 7:30pm
- February 26 - April 2 | 5:30 - 7:30pm
- April 16 - May 21 | 5:30 - 7:30pm
- August 6 - September 10 | 5:30 - 7:30pm
- September 24 - October 29 | 5:30 - 7:30pm
- *November 11 - December 16 | 5:30 - 7:30pm
*TUESDAYS

CAREGIVER ATTENDING INFORMATION:

CAREGIVER LAST NAME: _____

CAREGIVER FIRST NAME: _____

CAREGIVER MAILING ADDRESS: _____

CAREGIVER EMAIL ADDRESS: _____

CAREGIVER PHONE NUMBER: _____

YOUTH INFORMATION:

YOUTH LAST NAME: _____

YOUTH FIRST NAME: _____

YOUTH MIDDLE NAME: _____

AKA/OTHER IDENTIFYING INFO: _____

YOUTH GENDER (ASSIGNED AT BIRTH): _____

YOUTH SOCIAL SECURITY NUMBER: _____

YOUTH DATE OF BIRTH: _____

YOUTH ADDRESS: _____

CITY/STATE/ZIP CODE: _____

YOUTH PRIMARY PHONE NUMBER: _____

YOUTH MEDICAID ID NUMBER: _____

FOSTER CARE? _____

OKAY TO MAIL TO?

OKAY TO LEAVE A MESSAGE?

INSURANCE INFO: _____

REFERRAL CONTACT: _____



For more information (616) 831-5636 • 3300 36TH Street SE, Grand Rapids, MI 49512

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