

# 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 Kent County or hold active non-Kent County Medicaid - private pay is \$50.21 per week (6 weeks total = \$301.26).
- Please note, if in Foster Care, provide a copy of court docs showing out of home placement.
- Commercial Insurance Accepted: ASR, Aetna/Cofinity, BCN/BCBS, Cigna, Magellan, McLaren, Molina, Priority Health. Kent Co. Medicaid Accepted | Cost dependent on individual insurance plan

Please submit this referral form to Melissa Kramer via fax (616) 942-9548 ATTN: Melissa Kramer or email [counseling@wedgwood.org](mailto: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: \_\_\_\_\_

OKAY TO MAIL TO?

YOUTH PRIMARY PHONE NUMBER: \_\_\_\_\_

OKAY TO LEAVE A MESSAGE?

YOUTH MEDICAID ID NUMBER: \_\_\_\_\_

INSURANCE INFO: \_\_\_\_\_

COMMERCIAL INSURANCE POLICY #: \_\_\_\_\_

POLICY HOLDER NAME & DOB: \_\_\_\_\_

FOSTER CARE? \_\_\_\_\_

REFERRAL CONTACT: \_\_\_\_\_