WEDGWOOD®
CHRISTIAN SERVICES
TRANSFORMING LIVES

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 **at least one week before class start date.**

2025 DATE OF GROUP REQUESTING:

- ☐ February 26 - April 2 | 5:30 - 7:30pm
- ☐ April 16 - May 21 | 5:30 - 7:30pm
- ☐ June 11 - July 16 | 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: _____