



# Boys & Girls Clubs of Dumplin Valley Social Emotional Wellness Center Member Referral Form

**DISCLAIMER:** Any suspicion of abuse and/or neglect must be reported to the Tennessee Department of Children Services by calling the Child Abuse Hotline at 877-237-0004 or completing an online report at <https://apps.tn.gov/carat/>. In the case of a life-threatening emergency, please call 911.

Boys & Girls Clubs of Dumplin Valley employees are mandatory reporters. TN Code Annotated 37-1-403 (i) (1) requires all persons to report suspected cases of child abuse or neglect. "Any person who has knowledge of or is called upon to render aide to any child who is suffering from or has sustained any wound, injury or disability or physical or mental condition, shall report such hard immediately if the harm is of such a nature as to reasonably indicate that it has9a been caused by brutality abuse, or neglect or that, on basis of available information, reasonable appears to have been to have been caused by brutality, abuse or neglect." TN Code Annotated 37-1-412 (a) states any person who knowingly fails to make a report of suspected child abuse commits to a Class A misdemeanor. A fine not to exceed \$2,500 can be put in place.

This form does not act in place of any law-abiding requirements and/or necessary parent/guardian notification as described in the Boys & Girls Clubs of Dumplin Valley Employee Handbook.

## Referral Source Information

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First Middle*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

## Member Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Age: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_  
*Last First Middle*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



# Boys & Girls Clubs of Dumplin Valley Social Emotional Wellness Center Member Referral Form

**Reason for Referral**

Please check all that apply:

| Social  | Emotional/Behavioral   | Wellness   |
|---|--|--|
| <input type="checkbox"/> Divorce/Separation<br><input type="checkbox"/> Family Conflict<br><input type="checkbox"/> Family Violence<br><input type="checkbox"/> Financial Issues<br><input type="checkbox"/> Grief/Loss<br><input type="checkbox"/> Health Problems<br><input type="checkbox"/> Housing Issues<br><input type="checkbox"/> Incarcerated Relative<br><input type="checkbox"/> Parent/Guardian Unemployment<br>Other: _____ | <input type="checkbox"/> Acting Out<br><input type="checkbox"/> Afraid<br><input type="checkbox"/> Aggression/Fighting<br><input type="checkbox"/> Agitated/Restless<br><input type="checkbox"/> Angry<br><input type="checkbox"/> Anxious<br><input type="checkbox"/> Attendance<br><input type="checkbox"/> Bullying<br><input type="checkbox"/> Defiant<br><input type="checkbox"/> Emotional<br><input type="checkbox"/> Inappropriate Sexual Behavior<br><input type="checkbox"/> Lack of Confidence<br><input type="checkbox"/> Lack of Motivation<br><input type="checkbox"/> Negative Attitude<br><input type="checkbox"/> Sad<br><input type="checkbox"/> Social Conflicts<br><input type="checkbox"/> Social Isolation<br><input type="checkbox"/> Substance Abuse<br><input type="checkbox"/> Withdrawn<br>Other: _____ | <input type="checkbox"/> Changes in Eating Patterns<br><input type="checkbox"/> Disruptive Sleep Patterns<br><input type="checkbox"/> Headaches<br><input type="checkbox"/> Increased Pain Symptoms<br><input type="checkbox"/> Lack of Hygiene<br><input type="checkbox"/> Nausea<br>Other: _____ |

Additional Comments:

---

---

---

---

---

---

---

---

---

---

---

---

**Please return referrals to:**  
**Emily Williams, MSSW**  
**Director of Program Services**  
**ewilliams@bgcdumplinvalley.org**  
**3107 Circle Drive White Pine, TN 37890**  
**Main: 865-761-0143    Cell: 865-318-6287**