All 4 Youth Wellness Centers connect youth and family with resources and activities to create a healthy environment for living and learning.

If you or a family member is experiencing stress or trauma and would like help coping, visit a Wellness Center or give us a call. We'll help connect you with community resources including professional mental health staff.

Family Partner Activities & Services:

- Prevention and wellness activities as well as treatment
- Professional development for youth, families, and staff
- Outreach events
- Linkage and referral to resources
- · Community engagement and activities

· Peer to peer support from caregiver or





Wellness Center Locations 559-691-0706 Open Monday - Friday 8:00 am - 5:00 pm

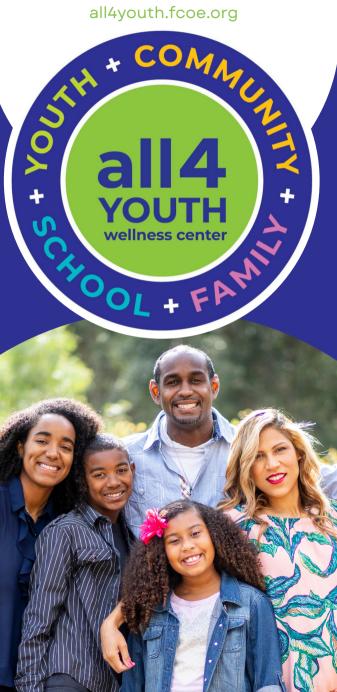
Violet Heintz Educational Center 4939 E. Yale, Fresno CA 93727 **Tarpey Elementary** 2700 Minnewawa Ave., Clovis CA 93612 Riverdale High School 3086 W. Mt Whitney, Riverdale, CA 93656 Fowler High School 940 E. Walter Ave., Fowler, CA 9362593625

all4youth wellness center



Department of Behavioral Health All 4 Youth Wellness Centers are here for YOU.

> wellness@fcoe.org all4youth.fcoe.org





Referral Form

Fresno County Superintendent of Schools

The Wellness Center accepts referrals for parents and families in need of brief assistance

♦ Phone: 559-691-0706

Email: wellness@fcoe.org

The Wellness Center can assist families with:

connecting with important and necessary services.

- Finding resources for food, shelter and clothing
- Resume and job searching assistance
- Applying for college
- Applying for driver's license or identification card with the DMV
- Applying for insurance (Medi-Cal)
- Getting connected to Central Valley Regional Center (CVRC)
- Linkage to appropriate resources
- **Emergency Assistance Housing**
- **Navigating Behavioral Health Pathways**

- Information about Classes, Programs, & Resources
- Parenting Classes
- Parent Engagement Activities
- Family Activities
- Relaxing/Calming Stategies
- Attendance
- Frequent trips to health office
- Basic Needs-Hygience Concerns

| | Referral Form Information: | |
|--|----------------------------|---|
| Gender: Male Female Youth Language Spoken: | Non-binary/third gender | nder Prefer not to say |
| Caregiver Name: | Caregiver Language Spoken: | Spoken: |
| Address:Phone: | City: | Zip: |
| School District: | School: | |
| | Requested Service: | |
| Information about Classes, Programs, and Resources | Par | Parenting Classes |
| Domestic Violence Intervention Services | Fan | Family Activities |
| English as a Second Language | Afte | After-School Programs Teen/Youth Programs |
| Emergency Assistance | LGBTQ | 3TQ |
| Housing | T Hea | Health Insurance Assistance Health Services |
| Counseling | Finc | Finding a Doctor |
| Navigating Behavioral Health Pathways | <u></u> [| College Application |
| Other: | DM | DMV/Identification Application |
| Brief Description of services requested: | | |
| Referring Party: | | |
| Referring Party email: | Phone: | Date: |
| internal Use Only: | | (100) |



Referral Conclusion Date: Referral Conclusion Summary: