

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 youth



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 93625

all4youth
wellness center



Department of
Behavioral Health

All 4 Youth Wellness Centers
are here for **YOU.**

wellness@fcoe.org
all4youth.fcoe.org



all4youth wellness center

Referral Form

Fresno County Superintendent of Schools

◆ Phone: 559-691-0706

◆ Email: wellness@fcoe.org

The Wellness Center accepts referrals for parents and families in need of brief assistance connecting with important and necessary services.

The Wellness Center can assist families with:

- 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/Calmng Strategies
- Attendance
- Frequent trips to health office
- Basic Needs-Hygiene Concerns
- Grief Loss

Referral Form Information:

Youth Name: _____ Age: _____ Grade: _____
Gender: Male Female Non-binary/third gender Prefer not to say
Youth Language Spoken: _____
Caregiver Name: _____ Caregiver Language Spoken: _____
Address: _____ City: _____ Zip: _____
Phone: _____
School District: _____ School: _____

Requested Service:

- | | |
|---|--|
| <input type="checkbox"/> Information about Classes, Programs, and Resources | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Domestic Violence Intervention Services | <input type="checkbox"/> Family Activities |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> After-School Programs/Teen/Youth Programs |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Health Insurance Assistance Health Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Public Health Nurse |
| <input type="checkbox"/> Navigating Behavioral Health Pathways | <input type="checkbox"/> Finding a Doctor |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> College Application |
| | <input type="checkbox"/> DMV/Identification Application |

Brief Description of services requested: _____

Referring Party: _____

Referring Party email: _____ Phone: _____ Date: _____

Internal Use Only:

Referral Conclusion Date: _____

Referral Conclusion Summary: _____

