

DO YOU KNOW A GIRL WHO?

- Can benefit from having a counselor and someone they can talk to?
- Is struggling within the High School setting and could benefit from small classes and more individual assistance? Needs H.S. credits.
- Could benefit from guidance with social skills and peer groups?
- Is or has been a victim of bullying, abuse and/or neglect?
- Is struggling with academic underachievement?
- Has a history of truancy and/ or suspensions?



HAVE NO FEAR

PACE CENTER FOR GIRLS IS HERE!

**Immediate Openings for Summer Classes
Grades 9 - 12 – Call NOW!**



PACE is a year round program that provides academic and counseling services designed specifically for girls ages 11-17 (grades 6-12).

PACE Services are provided at no cost!!!
Transportation Assistance, Breakfast, Lunch
and Aftercare programming available.

954-561-6939

To make a referral, call:

Jennifer Marquez
Intake Counselor
Extension: 3840

Visit: www.pacecenter.org

PACE Center for Girls Broward – 2225 North Andrews Ave Wilton Manors, FL 33311



PACE Center for Girls Broward

Referral Form

Please fax form to (954) 561-7317 or scan and email to
Day: jennifer.marquez@pacecenter.org : Reach: orlane.cameron@pacecenter.org

Referring for:

Today's Date: _____

Day Program (M-F 8:30-3:00, includes school and counseling year-round)

Reach Program (can stay at current school):

Individual, Family and Group counseling services

Life Coach/HYT Program (must meet 1 criteria listed below)

Not sure, please call me to discuss all PACE programs

Girl's Name: _____

Girl's Phone #: _____

Girl's Address: _____

City: _____

State: _____ Zip: _____ Age: _____ Date of Birth: _____ SSN#: _____

Race/Ethnicity: _____ Last School Attended: _____

Current Grade: _____ Name & Phone # of Referral Source: _____

Parent/Guardian Name: _____ Cell Phone #: _____ Other Phone #: _____

Additional Contact Name: _____ Cell Phone #: _____

Brief Summary of Reason for Referral: _____

Life Coach/ HYT Program Criteria (must meet one).

age 11-17 years old identifying as LGBTQ

age 11-17 years old with current or a history of DJJ involvement (*Prevention, Civil Citation, Diversion, Probation or Commitment*)

age 15-21 years old in current out of home placement (*Foster Care, Kinship Care, Non-relative Placement*)

Indicate P for primary reason for referral and a check mark for all others.

<input type="checkbox"/> Status Offender	<input type="checkbox"/> Ungovernable	<input type="checkbox"/> Runaway	<input type="checkbox"/> Academic
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Dropout	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Underachievement
<input type="checkbox"/> Delinquent	<input type="checkbox"/> Expelled/Suspended	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Teen Parent

Other: _____

Behavioral Health Concerns: _____

List all agencies/persons involved with the girl.

Case Manager: _____ Phone #: _____

Probation Officer: _____ Phone #: _____

Counselor/Therapist: _____ Phone #: _____

Department of Children and Family: _____ Phone #: _____