

# 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](http://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](mailto:jennifer.marquez@pacecenter.org) : Reach: [orlane.cameron@pacecenter.org](mailto: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.

___ Status Offender	___ Ungovernable	___ Runaway	___ Academic
___ Physical Abuse	___ Dropout	___ Behavioral Health	___ Underachievement
___ Delinquent	___ Expelled/Suspended	___ Substance Abuse	___ 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 #: \_\_\_\_\_