



8 Lombardy St., Box 166, Newark, NJ 07102

Office: 862-227-2475

Lion Health Initiative Referral Form

Referral Date: _____

Youth Info

Youth name: _____ Youth D.O.B.: _____ Gender: _____

Youth Phone: _____ Youth E-mail: _____

Youth address (city,state,zip): _____

Youth needs assistance with: _____

Guardian Info

Guardian Name: _____

Phone Number: _____

Address: _____

Family Availability. Specify time under day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Referring Agency Info

Agency Name: _____

Agency Address: _____

Caseworker/Contact Name: _____

Caseworker/Contact Phone: _____

Supervisor Name: _____ Phone Number: _____

Authorization number: _____

Authorization dates: _____



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Rate Information Sheet
Provider Phone: 862-227-2475

Type of Service	Description	In-Person/Virtual Rate
Mentoring	Support to help address current adverse situations through authentic youth engagement. Optional participation in activities and mentors provide weekly wellness checks. Transportation, meal and event invitations and tickets included with referral.	\$60/hour
Specialized Mentoring	Identify, mitigate or address adverse youth experiences or situations. Expected participation in events, activities and workshops. Provided wellness checks at home, school or community. Transportation, meal and event invitations and tickets are included with referral.	\$75/hour
Department of Corrections Visits	Hourly visits with youth currently incarcerated. Wellness check provided. Youth's guardian is invited to participate.	\$50/visit in-person
Out of county Residential Treatment Visits	Engage with youth and assist team and youth with transition. Wellness check provided. Guardian invited to visits and meal is provided.	\$80/hour in-person or \$40/hour virtual

