

FRIENDS OF RI CASA
RHODE ISLAND FOUNDATION APA GRANT:
BEHAVIORAL HEALTH FORM

Date: _____

_____ **CHROME BOOK**

***CHILD MUST USE THIS CHROME BOOK FOR
BEHAVIORAL HEALTH SERVICES***

Example: Telehealth therapy

_____ **SOUND MACHINE**

_____ **PRO CASE NOISE REDUCTION HEADPHONES**

For Adults and Kids

(Sound Proof - Beneficial for sleeping, studying, working)

Youth Name: _____

Age: _____

CASA Attorney: _____

CASA Social Worker: _____