

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

**Date:** \_\_\_\_\_

\_\_\_\_\_ **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:** \_\_\_\_\_