



Smart GEN Society

Digital Wellness Referral

Date: _____

Referring Advocate Information

Name:

Phone Number:

Email:

Preferred Contact Method: Phone Email

Client Information

Parent Name:

Child's Name:

Phone Number:

Age:

Email Address:

Preferred Contact Method: Phone Email

Digital Wellness Services

Please mark which services you are interested in (Check all that apply)

- Brand Audit
- Device Audit
- Harmful Social Media Evaluation
- Cyberbullying Digital Dependency
- FOMO Other _____
- Digital Crisis Road Mapping

Mandatory Reporter Guidelines

Nebraska law requires any person who has reason to believe that a child has been abused or neglected, to report the information to law enforcement or toll-free number, (800) 652-1999. (Nebraska Revised Statute 28-277)

After completing this form, please email to Ellie Pearson at ellie@smartgensociety.org and a team member will contact you prior to contacting the client. Smart Gen Society is also available by phone, 402-505-3993.

Advocate Print Name

Advocate Sign Name

Date



Smart GEN Society

Mediation Referral

Date: _____

Party A

Name:
Address:
Email:
Phone:

Party B

Name:
Address:
Email:
Phone:

Legal Counsel Y/N

If yes,
Name:
Firm:
Phone:

Legal Counsel Y/N

If yes,
Name:
Firm:
Phone:

Referring Advocate Information

Name:
Phone Number:
Email:
Preferred Contact Method: Phone Email

Type of Mediation

- Restorative Youth Conferencing- applies when one or more youths are involved.
- Digital Co- Parenting Plan - plan for digital device expectations in multiple households.
- Consultive Mediation - digital issues between two or more individuals.

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After completing this form, please email form to Ellie Pearson at ellie@smartsociety.org. A team member will be in contact with the listed parties directly.

Referring Advocate Print Name

Referring Advocate Sign Name

Date