



our mission



SMP love enterprises believes that every young person is worthy of being loved, seen, heard and valued. Our vision is to provide young people with life long skills to support their mental, spiritual, social, and emotional wellbeing. We strive to help individuals navigate throughout life using positive coping mechanisms. Our goal is to empower young people by building their self esteem and helping them establish healthy relationships with their families and communities.

We embrace each young persons individuality and encourage them to embody self love and worth. Young people are acclimated into the community through multiple community events and activities. Our one on one sessions help young people to become active in their community and overcome social, emotional and mental health challenges.

We provide three different types of mentoring styles

Traditional Mentoring: This is a one-on-one mentorship with one of our SMP Love Enterprise staff

Group Mentoring: A single mentor is matched with a cohort of mentees. Group mentoring consists of group activities.

WHY CHOOSE US

EXPERTISE AND
EXPERIENCE

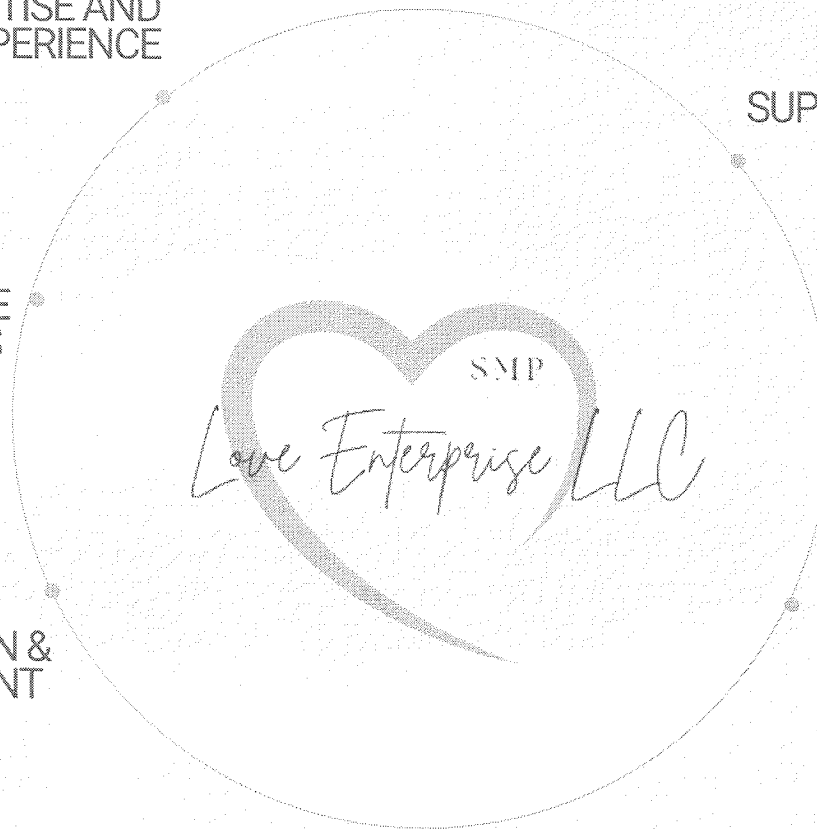
SUPPORTIVE

POSTIVE
ACTIVITIES

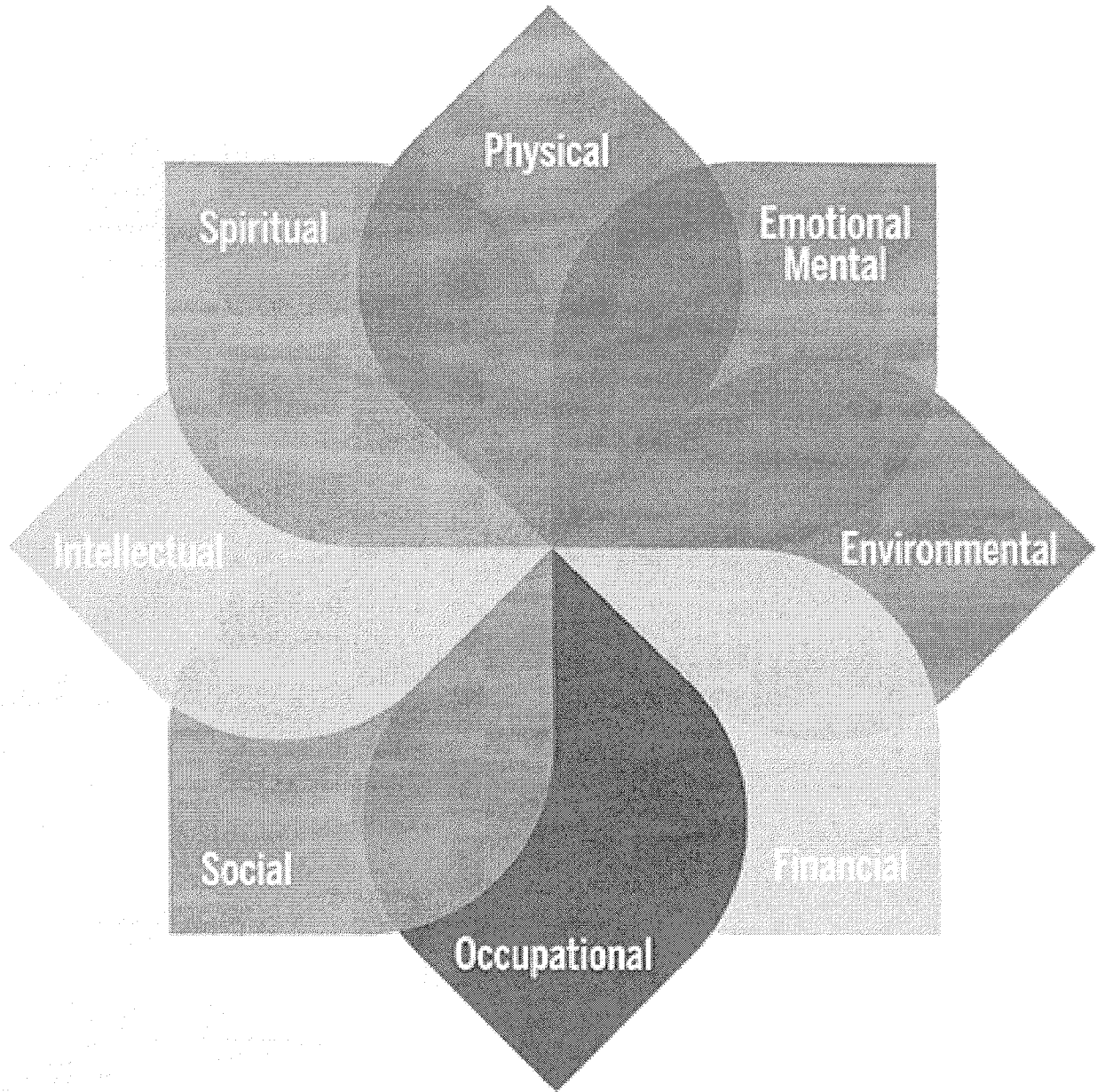
CONSISTENCY AND
CLEAR
COMMUNICATION

FAMILY DRIVEN &
INVOLVEMENT

RELIABILITY AND
TRUST



***OUR ACTIVITIES ARE BASED FROM
THE WELLNESS WHEEL***





SMP Love Enterprise LLC



Please send completed referral form to smploveenterprise@gmail.com

YOUTH'S INFORMATION					
Youth's Name:				Gender: M <input type="checkbox"/> F <input type="checkbox"/>	AGE:
Preferred Name:				Pronouns:	
Address:	City:	State:	Zip Code:	County:	Warren
Cell/Home Phone #:				Date of Birth:	
Ethnicity:	Primary Language:				

DCP&P INVOLVEMENT			
Is the youth in a Resource Home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is DCP&P the legal guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is DCP&P involved in the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DCP&P Worker's Name:	
DCP&P Worker's Phone Number:	DCP&P Worker's Fax Number:		

REFERRAL INFORMATION			
Care Manager's Name & Email:			Phone Number:
Care Manager Supervisor's Name & Email:			Phone Number:
Agency's Name:			FAX Number:
Address:			<input checked="" type="checkbox"/> CMO <input type="checkbox"/> MOBILE RESPONSE
How long has the youth been in services?			

CAREGIVER INFORMATION			
Primary Caregiver:			Phone Number:
Relationship:			Email:
Primary Caregiver:			Phone Number:
Relationship:			Email:

CURRENT SERVICES			
<input type="checkbox"/> IIC	<input type="checkbox"/> BA	<input type="checkbox"/> ABA	<input type="checkbox"/> OTHER

ADDITIONAL INFORMATION	
DSM-V DIAGNOSIS:	
Comments:	

SERVICES	<input type="checkbox"/> MENTORING	
	<input type="checkbox"/> Mentoring Goal for services:	<input type="checkbox"/> Group Mentoring Does the youth engage well with others? <input type="checkbox"/> YES <input type="checkbox"/> NO

1 REQUESTED SERVICES			
Assigned Staff:	Service to be Rendered:		
Procedure Code:	Start Date:	End Date:	
Authorization#:	Total Units:	Weekly Hours:	

To be completed by SMP LOVE ENTERPRISE Staff



SMP Love Enterprise LLC



Please send completed referral form to smploveenterprise@gmail.com

Completed By:		Date:	
Supervisor's Signature:		Date:	

Created July 2024