



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Shenika Breed Birth Date 7-25-77

I, Shenika Breed authorize Transformations, and

Reference Name: Nikki Erwin

Address: neerwing campbellsville.edu

To share with one another the following items: work history, current employment, personal impressions of work and other information needed from Transformations.

I understand that the purpose of sharing this information is for contract employment reference.

This authorization will expire on 6/1/25, or immediately following the revoking of the authorization, or after the following event has occurred if this is a one time release.

I understand that pursuant to KRS 304.17A-555-Patient's Right of Privacy Regarding Mental health or Chemical Dependency-Authorization Disclosure, my Protected Health Information, used and /or shared under this authorization may not be shared by the recipient of the information beyond the purpose for which my authorization was given, without first obtaining my specific written consent to the re-disclosure.

I have read and understand this authorization.

Shenika Breed
Signature/date

Shenika Breed
Printed Name

Lorain Pelly
Witness/date

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Hope for today's families...

To Whom It May Concern:

The person listed below has applied to become a contractor with Transformations: Hope for Today's Families, LLC. Please return this form to the Transformations office as soon as possible. A postage paid envelope has been provided for your convenience. Any information that you provide will be kept in strict confidence.

Applicant Name: Shenika Bread
Position: Behavioral Health Professional

Reference Name (please print) Nikki Erwin
Address: 4420 Dixie Hwy. STE 230 Louisville, KY 40216
Telephone: (812) 528-1346

How long have you known this person? (approximately) 2.5 year

In what capacity have you known this person? (Check as many as are applicable)

☐ Co-worker ☒ Professor ☐ Employer

☐ Clinical Supervisor ☐ Other (please specify) _____

Are you aware of any problems, such as alcoholism, drug abuse, physical or sexual abuse, arrest record, or other problems in the applicant's background that would interfere with her/him performing the duties of the above stated position?

☐ Yes ☒ No If yes, please explain: _____

In your judgment, is this person a dependable, honest and stable person?

☒ Yes ☐ No Comments: _____

(complete other side)

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Hope for today's families, inc.

Please give your impression of the applicant. Include your observations of the relationship of the applicant with his/her co-workers, clients, supervisors, etc., depending on the capacity in which you know the applicant.

Shenika is conscientious and committed to the care of her clients. I have observed her reaching out to help her peers in need and offering support in their difficulties. Shenika is always open to supervision and brings her challenging cases to supervision, rather than "cherry picking" cases because she is passionate about her growth as a therapist.

Please give your impression of the applicant's readiness for the above named position, keeping in mind that they will be working with children and families with significant behavioral and emotional disturbances.

Shenika has experience with teens in crisis and strives to improve for the sake of her clients. She has given attention to her own self-care with these young people at risk.

Please give your impression of the applicant's ability to complete paper work in a thorough and timely manner.

Shenika follows the policies of the CU Well clinic and notes timeliness.

Please share any other comments or concerns you have regarding this applicant.

Shenika is a person of character and has a strong work ethic. My concern as with any student working with an at-risk population is that she may delay self-care a bit rather than being more pro-active.

Signature and Date Nikki Erwin 02/10/2025