

Cristina Victoria

914-409-7183

crisvictoria13@gmail.com

10 Oliver Avenue
White Plains, NY 10603

Objective

To work directly in a Human Services or Social Work setting.

Education

Lehman College
Bachelor of Arts in Social Work
Magna cum laude

Bronx, NY
September 2013

Westchester Community College
Associates in Applied Science

Valhalla, NY
December 2010

Experience

Human Development Services of Westchester
Care Manager

Mamaroneck, NY
11/2014-Present

- Carry a caseload of 50 clients comprised of individuals with mental illness, substance abuse and or chronic health conditions
- Assess functional ability of client upon admission into program and reassess on an ongoing basis
- Make appropriate referrals to different agencies in the community as needed.
- Advocate on behalf of clients in matters of entitlement, housing and barriers to service
- Maintain daily logs of interventions activities and service care plans in an electronic health record

Burke Rehabilitation Hospital
Social Work Intern

White Plains, NY
09/2012-05/2013

- Orthopedic, Cardiac, Medical Rehab Unit- worked under the direction of LCSW, Social Worker
- Carried caseload of two patients on unit
- Completed psychosocial assessments upon admission
- Made appropriate referrals with regard to all aspects of discharge planning

Goddard Riverside Single Stop
Human Services Intern

Harlem, NY
09/2009-12/2009

- Registered walk-in clients seeking social services
- Make appropriate referrals to agencies in the community
- Attended community meetings in order to provide way to expand client populations
- Conducted benefits assessments with purpose of aiding clients with entitlements

Skills

- Outstanding written and communication skills
- Capable to advocate for individual clients' rights
- Ability to work independently and part of a team
- Fluent in Spanish
- Competent to engage and communicate with diverse populations

MDXpress

Westchester's Urgent Care

1030 W. Boston Post Road
Mamaroneck, NY 10543
(914) 777-CARE(2273)

388 Tarrytown Road
White Plains, NY 10607
(914) 997-CARE(2273)

GENERAL PHYSICAL EXAMINATION

NAME Cristina victoria DOB 2/13/86 ID# 21689

Past Medical Denies

Past Surgical Denies

Social Hx Denies

Medications Denies

Allergies Denies LMP _____

Vitals: Temp 98.4 Pulse 60 BP 100 / 71 Resp 16 Sat 98 %
Height 5'1" Weight 130 lbs BMI _____

Physical:	Normal/Abnormal		Comments
General	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HEENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Neck/Lymph	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cardiovasc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abd/GI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Neuro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Muscular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Medical Restrictions None

Notes Normal exam

Cleared for Work School Immunization record attached

Cortijo-Brown, Alexis
Name of Provider

Signature [Signature] Dr. Cortijo-Brown
Date 7/20/16

MDXpress
1030 W. Boston Post Road
Mamaroneck, NY 10543

STAMP

MEDICAL REQUIREMENTS

MMR Immunization Records and Meningitis Response Signature are required before registration

Name Cristina Victoria SS# _____
Address 10 Oliver Ave White Plains, NY 10603
Phone (914) 409-7183 D.O.B. 02/13/1986

**Part 1- TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18.
MENINGOCOCCAL MENINGITIS.
CHECK ONE (1) BOX ONLY**

I have read, (see reverse side) or have had explained to me information regarding meningococcal meningitis and the vaccine.
The vaccination was administered on: DATE ____/____/____

I have read, (see reverse side) or have had explained to me information regarding meningococcal meningitis and the vaccine. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis.

*For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics websites: www.istm.org. The cost is approximately \$75.00

Signed  Date _____


Part 2- TO BE COMPLETED, SIGNED AND STAMPED BY YOUR HEALTH CARE PROVIDER.
Single immunizations (one mumps, one measles, or one rubella) must have been given after January 1, 1968.

Measles 1 Date 6/1/1987 Measles 2 Date ____/____/____
Mumps Date ____/____/____ Rubella Date ____/____/____

OR
MMR. (Measles, Mumps, Rubella) (Two doses; after 1/01/1973)
1. Dose 1 given at age 12 months or later.....Date 6/1/87
2. Second Dose given after 15 months of age.....Date 1/7/91

OR
3. Laboratory Report proving immunity must be submitted (MMR Titer)

I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity. (See reverse side for information)

Physician signature AND stamp required 
Address: 30 DAVIS Ave 1st Floor, White Plains, NY 10605
Date: 7/18/2010 Phone#: (914) 328-2151

Return form to: Lehman College Student Health Center, T-3 Building Room 118
250 Bedford Park Blvd. West Bronx, NY 10468 Tel. (718) 960-8900 Fax. (718) 960-8909