

**Children's Prevention Services Referral Form**



Scan or Fax completed form to Cortney Pahel:  
[cpahel@dickinsoncenter.org](mailto:cpahel@dickinsoncenter.org) – Fax 814.834.1173  
 Questions please call: 814.834.2602

<b>Referral Date:</b>		
<b>Referral Source:</b>		
<b>Phone Number:</b>		
<b>Person Completing form:</b>		
<b>Is the consumer aware of and in agreement with the referral:</b> Yes Or No	<b>Family\Child receiving Medical Assistance:</b> Yes Or No	<b>Court Ordered:</b> Yes Or No

**Family Demographics:**

<b>Parent\Guardian:</b>	<b>Date Of Birth:</b>	<b>Phone #:</b>	
<b>Address:</b>		<b>Email:</b>	
<b>Parent\Guardian:</b>	<b>Date Of Birth:</b>	<b>Phone #:</b>	
<b>Address:</b>		<b>Email:</b>	
<b>Child:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Live in Elk County. Yes or No</b>
<b>Child:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Live in Elk County. Yes or No</b>
<b>Child:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Live in Elk County. Yes or No</b>

**Siblings not enrolled in the program:**

<b>Name:</b>	<b>Age:</b>	<b>Date Of Birth</b>	<b>Living in Home: Yes or No</b>
<b>Name:</b>	<b>Age:</b>	<b>Date Of Birth</b>	<b>Living in Home: Yes or No</b>

**Residents in the home other than immediate family:**

<b>Name:</b>	<b>Age:</b>	<b>Date Of Birth:</b>	<b>Relationship to enrolled child:</b>
<b>Name:</b>	<b>Age:</b>	<b>Date Of Birth:</b>	<b>Relationship to enrolled child:</b>

**Screening Questions for anyone in the household:**

History of violence	Yes or No	Explain:
Weapons in the home	Yes or No	Explain:
If weapons, are they secure:	Yes or No	
Drug or alcohol use	Yes or No	Explain:
Pets in the home	Yes or No	How many:

**Please list any circumstances surrounding the referral that you would like the PAT facilitator to be aware of when delivering services:****Name and agency providing services:**

Agency:	Department:	Name:	Phone#:
Agency:	Department:	Name:	Phone#:
Agency:	Department:	Name:	Phone#:
Agency:	Department:	Name:	Phone#:

**For official use only:**

Date:	Type of contact:	Note:
Date:		
Date:		
Date:		
Date:		