

Referral Form

(Huntingdon County)

710 Mount Vernon Avenue, Suite 1

Huntingdon, PA 16652

***Please send referrals to: Tessa McKay, LCSW Operations Director**

Email: tmckay@evolutionblair.com

Cellphone: 814-771-7073

****ATTENDANCE, GRADES, AND DISCIPLINARY REPORTS ARE REQUIRED DOCUMENTS AND MUST BE ATTACHED FOR APPROVAL OF SERVICES****

DATE OF REFERRAL	REFERRAL SOURCE	REFERRAL CONTACT #

PRIMARY CLIENT		
FULL NAME	DOB/AGE	<input type="checkbox"/> CYS INVOLVEMENT
		<input type="checkbox"/> JPO INVOLVEMENT
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	WAS FAMILY MADE AWARE OF REFERRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS	CITY, STATE, AND ZIP CODE	
EMAIL ADDRESS	HOME PHONE	CELL PHONE
Who has legal custody of the client?		
Where does the client currently reside?		

REASON FOR REFERRAL			
<input type="checkbox"/> Attendance	<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Grades	<input type="checkbox"/> Other <i>(Additional information required)</i>

SCHOOL INFORMATION		
SCHOOL NAME	GRADE	NAME & NUMBER OF SCHOOL CONTACT
Has the school created a plan for attendance improvement? <i>If so, please attach a copy of the attendance improvement plan.</i>		<input type="checkbox"/> YES
Does the student have an IEP or receive special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ADDITIONAL SERVICES INVOLVED

FAMILY & HOUSEHOLD		
Mother / Female Guardian Name	Relationship	Age
History of substance abuse, violence, or mental health involvement?		
Father / Male Guardian Name	Relationship	Age
History of substance abuse, violence, or mental health involvement?		
Number of Siblings living in the home:	Other Key Supports:	
CLIENT & FAMILY STRENGTHS		

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Any additional info:
