



Referral Form

Parent/Guardian Name: _____ **Spanish Services Required? Y/N**

Child Name: _____ D.O.B _____ School/Daycare _____

Child Name: _____ D.O.B _____ School/Daycare _____

Address: _____ Lives in Wake Co? _____

Home#: _____ Cell#: _____ Work#: _____

Preferred Tel. # and best times to call: _____

PERSON COMPLETING THIS FORM (Name, Agency, Address and Tel. #): _____

_____ Date: _____

Do you want the client to sign consent for release of information? _____

Additional Information: _____

PLEASE BE SURE THAT YOU HAVE INCLUDED A PERMISSION FORM SIGNED BY THE PARENT/GUARDIAN

Please indicate known factors below. Please check all that apply.

Family

- Parent did not graduate high school
- Parent <20 y/o when first child born
- English is second language
- Family crisis (death, divorce, domestic violence, parental absence)
- Family does not have the financial resources to access private counseling

Program Participation

- Medicaid or Health Choice
- Free and reduced school lunch
- WIC/Food Stamps
- NC Pre-K/Head Start/ Title 1/ Child Care Subsidy
- Other _____
- Other _____

Behavior/Development

- At risk for, or incidents of, dismissal from childcare/school setting
- Severe disruptive/challenging behaviors
- Developmental concern/delay
- Receives services through school system or privately? (if yes, explain)

For Office Use Only: Date Received: _____ *Counselor:* _____

Follow up Information: _____

DISPOSITION: Unassigned Assigned(Counselor/Date) _____