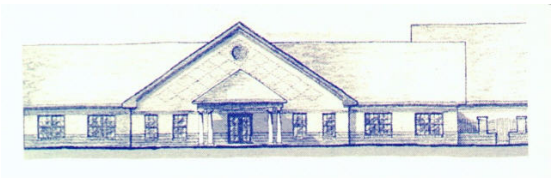

The Children's Aid Home Programs
of Somerset County, Inc.

REFERRAL FORM

Date: Name of Person Completing Referral

CHILD INFORMATION

Child Last Name	First	MI	D.O.B.	Age	Sex ❒ M ❒ F

Address (Street Address, City, State, Zip Code)	County	Telephone Number(s)	SS Number
	Race		Place of Birth
Height:	Weight:	Hair Color:	Eye Color:
Current School District / Address / Phone (if available)		Primary Language Spoken	Grade

Reason for Referral (Be specific – Use additional sheets if necessary)

❑ Conduct Problems	❑ Neglect	❑ Eating Disorder	❑ Alcohol Abuse	❑ Physical Aggression
❑ Fire Setting	❑ Suicidal Thoughts	❑ School Problems	❑ Other Drug Use	❑ Anxiety
❑ Family Problems	❑ Stealing	❑ Depression	❑ Runaway	
❑ Other:				

SAFETY PLAN:

Immediate Treatment Goals:

Current Service Providers / Involved Parties (Use additional sheets if necessary.):

Name of Service Provider	Worker	Address (Street Address, City, State, Zip)	Dates of Placement	Type of Svc/Placement
1.				
2.				
3.				

Previous Placements and / or Services (Use additional sheets if necessary.)

Name of Service Provider	Address (Street Address, City, State, Zip Code)	Telephone	Provider Type
1.			
2.			
3.			

MEDICAL INFORMATION

Child's Primary Care Physician	Address (Street Address, City, State, Zip Code)	Telephone

Is the child on medication?	Special Physical Health Care Concerns (e.g., allergies, physical problems, etc. Specify and attach information as appropriate)
❑ Yes ❒ No	Does child have any communicable diseases? ❑ Yes ❒ No

Current Medications (name of medication, dosage, time of dosage, and prescribing physician)

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF THE CHILD'S INSURANCE

Is child covered by insurance? ❒ Yes ❑ No	❑ MA/Access ❒ BC/BS ❑ UPMC ❑ Gateway	❑ Other (Specify)

Primary Physical Health Care Provider / Number(s):	Primary Behavioral Health Care Provider / Number(s):
Secondary Physical Health Care Provider / Number(s):	Secondary Behavioral Health Care Provider / Number(s):

PARENT INFORMATION

Biological Mother Last Name	First	Middle	Birth Date / /	Age
Address (Street Address, City, State, Zip Code)			Marital Status	Telephone
Biological Father Last Name	First	Middle	Birth Date / /	Age
Address (Street Address, City, State, Zip Code)			Marital Status	Telephone