Print Form

Cumberland County
Children & Youth Services

# SCHOOL REQUEST FOR SERVICE

NOTE: Please fill in all blanks. If referral is because of child abuse, CALL AGENCY IMMEDIATELY; if referral is to report neglect, call Agency first with information and send written referral if requested to provide same.

1. REASON FOR REFERRAL

_____
_____
_____
_____

SUBJECT

FULL NAME _____ DOB _____
ADDRESS/CUSTODY _____
POB _____ TELEPHONE # _____
S.S.# _____ RACE _____ IEP _____
SCHOOL DISTRICT _____ BUILDING _____
GRADE _____ TYPE OF CLASS _____
DEVELOPMENTAL HISTORY (cite significant problems)
A MEDICAL _____
B .PHYSICAL _____
C MENTAL _____
NAMES/ADDRESSES OF PHYSICIANS, DENTISTS, ETC. WHERE CHILD HAS BEEN SEEN _____
_____
_____

SAP REFERRAL MADE _____ DATE _____
RECOMMENDATIONS _____
_____

SCHOOL or other PSYCHIATRIC EVALUATIONS _____
DATE _____ DIAGNOSIS _____
RECOMMENDATION/TREATMENT _____
_____
_____
_____
_____

3. SIBLINGS

| NAME | DOB | ADDRESS/CUSTODY | SCHOOL DISTRICT/GRADE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

4. FATHER

FULL NAME _____ DOB _____
ADDRESS _____ POB _____
_____ TELEPHONE# _____
DATE OF DEATH/CAUSE _____ WORK # _____
S.S.# _____ RACE _____ RELIGION _____
SIGNIFICANT MEDICAL PROBLEMS _____
COURT RECORD _____
EDUCATION/HIGHEST GRADE COMPLETED _____
PRESENT EMPLOYMENT (include where employed, hours of employment) _____
_____
_____
MARITAL HISTORY (include names of previous spouses, present marital status) _____
_____

5. MOTHER

FULL NAME _____ DOB _____
ADDRESS _____ POB _____
_____ TELEPHONE # _____
DATE OF DEATH/CAUSE _____ WORK # _____
S.S.# _____ RACE _____ RELIGION _____
SIGNIFICANT MEDICAL PROBLEMS _____
COURT RECORD _____
EDUCATION/HIGHEST GRADE COMPLETED _____
PRESENT EMPLOYMENT (include where employed, hours of employment) _____
_____
_____
MARITAL HISTORY (include names of previous spouses, present marital status) _____
_____

6. STEP PARENT/LIVE-IN PARAMOUR (circle one)

FULL NAME _____ DOB _____
ADDRESS _____ POB _____
_____ TELEPHONE # _____
DATE OF DEATH/CAUSE _____ WORK # _____
S.S.# _____ RACE _____ RELIGION _____

SIGNIFICANT MEDICAL PROBLEMS _____

PRESENT EMPLOYMENT (include where employed, hours of employment)_____

_____

_____

7. OTHER PEOPLE IN THE HOME AND RELATIONSHIP TO SUBJECT(S)

_____

_____

_____

8. EXTENDED FAMILY RESOURCES

_____

_____

9. OTHER AGENCIES INVOLVED WITH THE FAMILY

_____

_____

10. ACTIONS TAKEN BY THE SCHOOL Include when the school began requiring medical excuses, when the parents were cited, etc.). Attach full school attendance records (current year and all years enrolled), the Truancy Elimination plan developed by the school and family, and the most recent report card.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please check off all services that apply to parents and/or truant child:

| | |
|---|---|
| _____Detention | _____Support Groups |
| _____In-School Suspension | _____PASS Program |
| _____Out-of-School Suspension | _____Drug and Alcohol Evaluation |

_____District Justice citations
_____Counseling in School
_____Parent/Child Conferences
_____Home Visits
_____Educational Placement Testing
_____CAIU
OTHER:

_____Referral to Job Corps
_____Student Assistance Team
_____On Medical Excuse
_____Referral to Counselor in Community
_____Alternative Education Program
_____ Placement

_____

11. ADDITIONAL COMMENTS (use back of page if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____

12. BUILDING CONTACT PERSON

N A M E _____

_____
SIGNED

_____
TELEPHONE #

_____
S CHOOL DISTRICT

_____
DATE

FORWARD TO:
Cumberland County Children and Youth Services
Human Services Building
16 W. High Street, Suite 200
Carlisle, PA 17013-2961

Telephone: (717) 240-6120; 1-888-697-0371, Ext. 6120
Fax: (717) 240-6433
Rev. 7/2007