

# Referral Form

Serving Cimarron, Beaver, and Texas County

Ph: 580-338-7082

Email: [help@panhandleservices.org](mailto:help@panhandleservices.org)

Website: [www.panhandleservices.org](http://www.panhandleservices.org)



Date: \_\_\_\_\_

<b>CONSUMER NAME:</b>		Age and DOB:	
Parent/Guardian name:		Parent/Guardian Phone Number and provider if known:	
Parent/Guardian name:		Parent/Guardian Phone Number and provider if known:	
Living Situation:		<input type="radio"/> Male <input type="radio"/> Female	
Address:		City, State, Zip:	
Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Other <input type="radio"/> Indian-Tribe_____		Social Security Number:	
Custody: <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> DHS <input type="radio"/> JSU <input type="radio"/> Other_____		Guardianship or Divorce Decree Required or On File	
Legal Status: <input type="radio"/> None <input type="radio"/> INS <input type="radio"/> Del <input type="radio"/> Dep <input type="radio"/> Int		Parent/Guardian Email:	
School: <input type="radio"/> In Attendance <input type="radio"/> Suspended <input type="radio"/> Not Attending <input type="radio"/> NA		Health Insurance Type and Number:	
School Presently Attending: _____ Grade: _____		Client Residence: <input type="radio"/> Catchment Area <input type="radio"/> In State : County _____	
<b>Reason For Referral</b> <input type="radio"/> Home/Family Problems <input type="radio"/> Home/Family – Respite <input type="radio"/> Home/Family – Crisis <input type="radio"/> Awaiting Placement – Foster <input type="radio"/> Awaiting Placement – Kinship <input type="radio"/> Awaiting Placement – Treatment <input type="radio"/> Awaiting Placement - Detention <input type="radio"/> School Problems or Truancy <input type="radio"/> Runaway <input type="radio"/> Law Violation <input type="radio"/> Depression <input type="radio"/> Risk of being Delinquent		<b>Reason for Referral:</b>          	
<input type="radio"/> Danger to Self/Others <input type="radio"/> Anger Management <input type="radio"/> Drug/Alcohol Problems <input type="radio"/> Physical Abuse <input type="radio"/> Sexual Abuse <input type="radio"/> Neglect <input type="radio"/> Emotional Abuse <input type="radio"/> Suicide Attempt/Threat <input type="radio"/> Pick-up Order <input type="radio"/> Protective Custody <input type="radio"/> Self-esteem Problems <input type="radio"/> Parenting Skills/Education <input type="radio"/> Peer Pressure/Stress		<b>Referral Source</b> <input type="radio"/> Self <input type="radio"/> Friend <input type="radio"/> Family <input type="radio"/> JSU <input type="radio"/> Child Welfare <input type="radio"/> Court/D.A. <input type="radio"/> Sheriff <input type="radio"/> Police Department <input type="radio"/> School Police Department <input type="radio"/> School <input type="radio"/> Other _____	
<b>Referral Source Name:</b>		<b>Referral Source Contact info:</b>	
		<b>Suggested program:</b>	

Signature / Title of Referring Person \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Agency Worker Completing Screening:	Screening Date:
Assigned Program and Admit Date:	Referred to:
Chart Caddy ID#:	JOLTS #: