Referral Form

Serving Cimarron, Beaver, and Texas County
Ph: 580-338-7082
Email: help@panhandleservices.org
Website: www.panhandleservices.org

Date: _____

CONSUMER NAME:	Age: DOB:
Parent/Guardian name:	Parent/Guardian Phone Number:
Parent/Guardian name:	Parent/Guardian Phone Number:
Living Situation:	☐ Male ☐ Female
Physical Address: Mailing Address:	City: State: Zip:
Race: ○White ○Black ○Hispanic ○Asian ◉Other ○Indian-Tribe_____	Social Security Number:
Custody: ☐Parent ☐Legal Guardian ☐DHS ☐JSU ☐Other_____	Custody Agreement: (Will need Guardianship or Divorce Decree)
Legal Status: ☐None ☐Informal Adjust. ☐Def. Adj. ☐Other_____	Parent/Guardian Email:
School: ☐In Attendance ☐Suspended ☐Not Attending ☐Other	Health Insurance Type:
School Presently Attending: Grade:	Client Residence: ☐Catchment Area County _____

Reason For Referral		**Referral Source**	**Reason for Referral:**
☐ Home/Family Problems	☐ Danger to Self/Others	☐ Self	
☐ Home/Family – Respite	☐ Anger Management	☐ Friend	
☐ Home/Family – Crisis	☐ Drug/Alcohol Problems	☐ Family	
☐ Awaiting Placement – Foster	☐ Physical Abuse	☐ JSU	
☐ Awaiting Placement – Kinship	☐ Sexual Abuse	☐ Child Welfare	
☐ Awaiting Placement – Treatment	☐ Neglect	☐ Court/D.A.	
☐ Awaiting Placement - Detention	☐ Emotional Abuse	☐ Sheriff	
☐ School Problems or Truancy	☐ Suicide Attempt/Threat	☐ Police Department	
☐ Runaway	☐ Pick-up Order	☐ School Police Department	
☐ Law Violation	☐ Protective Custody	☐ School	
☐ Depression	☐ Self-esteem Problems	☐ Other _____	
☐ Risk of being Delinquent	☐ Parenting Skills/Education		
	☐ Peer Pressure/Stress		
Referral Source Name:		**Referral Source Contact info:**	**Suggested program:**

_____ _____
Signature / Title of Referring Person Date

OFFICE USE ONLY

Agency Worker Completing Screening:	Screening Date:
Assigned Program and Admit Date:	Referred to:
JOLTS #	Notes: