

BLACK SHEEP MINISTRIES

REFERRAL PARTNERSHIP APPLICATION

Armstrong • Westmoreland • Allegheny Counties, Pennsylvania

WHAT IS A REFERRAL PARTNER?

A Referral Partner is an organization — including agencies, courts, churches, nonprofits, treatment providers, schools, and government entities — that has established a formal working relationship with Black Sheep Ministries to coordinate the flow of individuals and families between our programs and theirs.

Referral partnerships operate in three directions:

| | |
|-------------------------|--|
| SEND TO BSM | Your organization refers individuals or families to Black Sheep Ministries programming for stabilization support, mentorship, or community engagement. |
| RECEIVE FROM BSM | Black Sheep Ministries refers individuals or families to your organization for licensed clinical services, housing, legal support, employment, or other specialized resources. |
| BOTH DIRECTIONS | A mutual referral relationship in which your organization and Black Sheep Ministries coordinate referrals in both directions based on participant need and program fit. |

All partnership applications are reviewed by BSM staff and subject to final approval by leadership. Approved partnerships may be formalized through a written Memorandum of Understanding. Completion of this application does not guarantee approval.

Fields marked with * are required.

SECTION 1 — ORGANIZATION INFORMATION

Legal Name of Organization *

DBA / Program Name (if different)

Year Established

Mailing Address *

City

State

ZIP Code

Primary Phone

Fax (if applicable)

General Email Address

Organization Website

Organization Type

Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Government Agency (County / State / Federal) | <input type="checkbox"/> Court / Judicial Entity |
| <input type="checkbox"/> Licensed Child Welfare / CYS Agency | <input type="checkbox"/> Licensed Treatment Provider |
| <input type="checkbox"/> Nonprofit Organization (501c3) | <input type="checkbox"/> Faith-Based Organization / Church |
| <input type="checkbox"/> School / Educational Institution | <input type="checkbox"/> Reentry / Correctional Support Program |
| <input type="checkbox"/> Housing / Social Services Provider | <input type="checkbox"/> Other (describe below) |

If Other, describe:

Governing / Licensing Status

Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Licensed by the Commonwealth of Pennsylvania | <input type="checkbox"/> Federally tax-exempt 501(c)(3) |
| <input type="checkbox"/> Accredited by a recognized body | <input type="checkbox"/> Registered charitable organization (PA Bureau of Charitable Orgs) |
| <input type="checkbox"/> Government / publicly chartered entity | <input type="checkbox"/> Faith-based / not separately licensed |

Licensing / Accrediting Body (if applicable)

License or Registration Number

SECTION 2 — PRIMARY & BACKUP REFERRAL CONTACTS

Please identify the individuals within your organization who will serve as the designated points of contact for all referral coordination with Black Sheep Ministries. These individuals will be the primary communication channel for referral intake, follow-up, and documentation requests.

Primary Contact

Full Name

Title / Role

Direct Phone

Direct Email

Best Days / Times to Reach

Preferred Contact Method

Backup Contact

Full Name

Title / Role

Direct Phone

Direct Email

SECTION 3 — POPULATION YOUR ORGANIZATION SERVES

This section helps Black Sheep Ministries understand who your organization works with so we can determine program compatibility, appropriate referral pathways, and whether our services are a good fit for the individuals and families you serve.

Age Groups Served

Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Children (0 – 9) | <input type="checkbox"/> Pre-Adolescents (10 – 12) | <input type="checkbox"/> Adolescents (13 – 17) |
| <input type="checkbox"/> Transitional Age Youth (18 – 21) | <input type="checkbox"/> Adults (22 – 59) | <input type="checkbox"/> Older Adults (60+) |

Primary Populations Served

Select all that apply.

- Youth in foster care or kinship care
- Families involved in dependency court
- Court-supervised / probation individuals
- Individuals experiencing housing instability
- At-risk or system-involved youth
- Foster / kinship caregivers
- Biological parents pursuing reunification
- Individuals in addiction recovery
- Incarcerated or recently released individuals
- Survivors of trauma or domestic violence
- Individuals with mental health challenges
- Youth aging out of foster care

Are there specific subpopulations, circumstances, or needs not listed above that are central to your work?

Geographic Service Area

List the counties, municipalities, or regions your organization primarily serves.

SECTION 4 — PARTNERSHIP INTENT & REFERRAL DIRECTION

How does your organization intend to partner with Black Sheep Ministries?

Select all that apply.

- Send referrals TO Black Sheep Ministries
- Mutual referrals in both directions
- Resource sharing / coordination only
- Receive referrals FROM Black Sheep Ministries
- Collaborative programming or co-facilitation
-

Which Black Sheep Ministries programs are you interested in connecting with?

Select all that apply.

- Grace Circles — Youth & Family Stabilization
- Black Sheep Care Team — Crisis Hospitality & Outreach

- Family Restoration & Foster Support
- General / Organization-Wide Partnership
- Unsure — Would like to discuss further

Anticipated Referral Volume

This is an estimate only and does not constitute a commitment.

- 1 – 5 referrals per month
- 6 – 15 referrals per month
- 16 – 30 referrals per month
- 30+ referrals per month
- Variable / situational
- Unknown at this time

Please describe what you hope this partnership will accomplish for the individuals and families you serve:

SECTION 5 — ORGANIZATIONAL GOVERNANCE & SAFEGUARDING

Black Sheep Ministries maintains strict governance, safeguarding, and accountability standards for all programs and partnerships. This section helps us verify that partner organizations operate with comparable standards, particularly where referrals involve minors or vulnerable adults.

Background Clearances

- Our organization requires background clearances for all staff
- Our organization requires background clearances for volunteers
- We require PA Child Abuse History Clearance (Act 151)
- We require PA State Police Criminal Background Check (Act 34)
- We require FBI Criminal Background Check (Act 114)
- We do not currently have a formal clearance policy

Mandatory Reporting

- Our staff and volunteers are trained in mandatory reporting obligations
- Our organization has a written mandatory reporting policy
- We are uncertain about our mandatory reporting obligations

Insurance Coverage

- General Liability Insurance
- Directors & Officers Liability Insurance
- We do not currently carry the above coverage
- Professional Liability / E&O Insurance
- Abuse & Molestation Coverage

Insurance Carrier (if applicable)

Policy Expiration Date

Confidentiality & Data Practices

- Our organization has a written confidentiality policy
- We obtain participant consent before sharing information with external partners
- We comply with applicable HIPAA privacy standards
- We have a documented data retention and destruction policy

SECTION 6 — PARTNERSHIP ACKNOWLEDGMENTS

By submitting this application, the authorized representative of the applying organization acknowledges and agrees to the following:

Black Sheep Ministries is a faith-based nonprofit stabilization partner. It is not a licensed clinical provider, legal authority, placement agency, or substitute for court-ordered or agency-mandated services. BSM programming is designed to complement and reinforce existing systems, not replace them.

Black Sheep Ministries does not override court orders, contradict active case plans, or assume custodial or supervisory authority over any individual or family. All program participation is voluntary and non-coercive.

Any communication of participant information between our organizations will require appropriate written consent from the participant and will comply with all applicable privacy laws and confidentiality standards.

Our organization will maintain our own independent safeguarding, mandatory reporting, and governance obligations. Black Sheep Ministries is not responsible for the independent actions or service delivery of partner organizations.

This application does not constitute a binding agreement. Approval of this application, if granted, may be followed by a formal Memorandum of Understanding outlining the terms of the referral partnership.

- Our organization agrees to communicate promptly with Black Sheep Ministries regarding any safety concerns, changes in a referred participant's status, or circumstances that may affect the appropriateness of an active referral relationship.

SECTION 7 — AUTHORIZED SIGNATURE

This application must be signed by an authorized representative of the applying organization — an individual with the authority to enter into partnership agreements on behalf of the organization.

Printed Name of Authorized Representative _____ **Title** _____

Signature _____ **Date** _____

Email Address _____ **Phone** _____

FOR BLACK SHEEP MINISTRIES USE ONLY

| | |
|---|---|
| Application Received By: _____ Date Received: _____ | Staff Screening Decision: <ul style="list-style-type: none"><input type="checkbox"/> Recommend Approval<input type="checkbox"/> Recommend Denial<input type="checkbox"/> Pending Review Leadership Decision: <ul style="list-style-type: none"><input type="checkbox"/> Approved<input type="checkbox"/> Denied<input type="checkbox"/> Tabled — Follow Up Required |
| Notes / Conditions: _____ | |
| MOU Required? <input type="checkbox"/> Yes — MOU to be drafted <input type="checkbox"/> No — Standard partnership terms apply | |

Submit completed applications to Black Sheep Ministries by mail, email, or in person:
Partners@BlackSheepMinistry.org
Attn: Partnership Receiving
413 E. 4th Avenue, Suite 1A, Tarentum, PA 15084
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