

Information & Referral Form

630 Janet Avenue
Lancaster, PA 17601
(717) 299-2831 x 229
(717) 393-5944 Fax
lober@compassmark.org
www.compassmark.org

PART 1 – CHILD/CAREGIVER INFORMATION

Referral Source: _____ Name: _____

Date: _____ Contact Number _____

Child's Gender: Female Male

Child/Children's Names: _____ Birthdate: _____

Caregiver's name: _____ Relationship: _____

Address _____

City _____ State _____ Zip _____

Phone (home): _____ Phone (cell): _____

Bio mother: _____ Bio Father: _____

Guardianship papers (if not the biological parent) _____ YES _____ NO

PART 2 – INCARCERATED PARENT INFO

Incarcerated Parent: _____

Location: _____ Date of Incarceration: _____

PART 3 – CONCERNS/NEEDS

- | | |
|--|--|
| <input type="checkbox"/> Child's behavior issues | <input type="checkbox"/> School concerns |
| <input type="checkbox"/> Therapy needs | <input type="checkbox"/> Psychiatric needs |
| <input type="checkbox"/> Communication w/incarcerated parent | <input type="checkbox"/> Food/Clothing/housing needs |
| <input type="checkbox"/> Other Concerns: _____ | |

Permission to Contact: YES/NO Parent/guardian signature: _____

PART 4 – OFFICE USE

Date of follow up: _____ Intake date: _____

Response: _____

Please fax referral to Compass Mark 717-393-5944, attention Lindsey Ober. For more information please call Lindsey at 717-299-2831 x229 or 717-847-9103. Thank you.