

## Referral Form

### Family Services Advocate Lancaster

#### **PART 1 – CHILD/CAREGIVER INFORMATION**

**\*Due to our funding, children must reside in Lancaster County with a parent incarcerated at Lancaster County Prison.\***

Referral Source \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Contact Number \_\_\_\_\_

Child's Gender: Female Male Non-Binary Other \_\_\_\_\_

Child/ren's names: \_\_\_\_\_ Birthdates \_\_\_\_\_

Caregiver's name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Bio mother \_\_\_\_\_ Bio father \_\_\_\_\_

Do you need Guardianship papers? (if not the biological parent) YES NO

#### **PART 2 – INCARCERATED PARENT INFO**

**\*Due to our funding, parents must be incarcerated at Lancaster County Prison.\***

Incarcerated Parent \_\_\_\_\_

Date of Incarceration \_\_\_\_\_

#### **PART 3 – CONCERNS/NEEDS**

Child's Behavior Issues

School Attendance & Learning

Therapy/Counseling

Psychiatric Appointment

Communication w/ Incarcerated Parent

Food or Clothing

Other Concerns \_\_\_\_\_

Permission to Contact: YES NO

Parent/guardian signature \_\_\_\_\_

**Contact Karlee with any questions. Completed referrals can be faxed or emailed to:**

Karlee Shambaugh  
1891 Santa Barbara Drive, Suite 104  
Lancaster, PA 17601  
(717) 299-2831 x229  
Fax (717) 393-5944

[kshambaugh@compassmark.org](mailto:kshambaugh@compassmark.org)