

Referral Form
Family Services Advocate Lebanon

PART 1 – CHILD/CAREGIVER INFORMATION

Due to our funding, children must reside in Lebanon County with a parent incarcerated at Lebanon County Correctional Facility.

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 Lebanon County Correctional Facility.

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 Sarah with any questions. Completed referrals can be emailed or faxed to:

Sarah Sechrist
625 South 5th Ave, Lower Level
Lebanon, PA 17042
(717) 205-5832
Fax (717) 393-5944
ssechrist@compassmark.org