

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

Letisha Bemis
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