Greene County Youth Bureau
411 Main Street, Catskill, NY 12414
Phone: (518) 719-3555
Fax: (518) 719-3798

Referral for Services

CONFIDENTIAL

Youth Information	Referral Information
Name:_____ Date of Birth: _____Age:_____ Home Address: _____ _____	Parent/Guardian **Must** Be Told of This Referral **Before** Submitting Form. Referral Source: Name & Title of Person Completing Form:
Mailing Address (if different) : _____ _____	Address:
Phone Number: _____ Email: _____ School: _____ Grade: _____ Referral Type: Pre-PINS ☐ Advocacy ☐	Phone Number: Fax Number: Email: Time & Date Parent/Guardian Notified of Referral:

Parent Information	Parent Information
Mother's Name:	Father's Name:
Home Address:	Home Address (If different):
Mailing Address (if different) :	Mailing Address (if different) :
Home Phone: Cell Phone:	Home Phone, if different: Cell Phone:

If youth does not live with parent(s), please list with whom student lives:

Name(s): _____Legal Guardian? ☐ Yes ☐ No

Address:_____ Home Phone: _____
_____ Cell : _____

Reason for Referral- Please Describe in Detail

School:_____
Home:_____
Legal:_____

*NOTE: Pre-Prevention referrals associated with truancy and other attendance related issues should only be made with the understanding that district intends to forward to DSS if the absenteeism is not rectified.

School Intervention Steps

Student Contacts:	**Dates**	**Outcome**
Teacher	___/___/___	_____
Guidance Counselor	___/___/___	_____
Other: _____	___/___/___	_____

Parent Contacts:	**Dates**	**Outcome**
Phone	___/___/___	_____
In-School Conference	___/___/___	_____
Superintendent's Hearing	___/___/___	_____

C.S.E Involvement:

If yes, has there been a manifestation hearing regarding behavioral issues ☐ No ☐ Yes

Date: _____ **Outcome:**

Additional Information Regarding School Interventions (If needed):

Other Providers (GCMH, SPOA, FPA, etc.)		

I understand that working with the Greene County Department of Human Services/ Youth Bureau is voluntary. I agree to participate and cooperate with the program. I understand that failure to do so shall result in a referral to Greene County Prevention Services. I understand the school district/ agency/parent is making this referral because they have exhausted their resources. I understand I am giving permission to use the contact information listed on this referral form.

_____

_ Signature of Referral Source **Date**

_____

_ Signature of Parent/Guardian **Date**

_____

_ Signature of Youth **Date**