

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: _____ _____ Mailing Address (if different) : _____ _____ Phone Number: (____) _____ Email: _____ School: _____ Grade: _____ _____	<p style="text-align: center;">Parent/Guardian <u>Must</u> Be Told of This Referral <u>Before</u> Submitting Form.</p> Referral Source: _____ Name & Title of Person Completing Form: _____ Address: _____ Phone Number: (____) _____ Fax Number: (____) _____ Email: _____ Time & Date Parent/Guardian Notified of Referral: _____
Parent Information	Parent Information
Name: _____ Home Address: _____ Mailing Address (if different) : _____ Home Phone: (____) _____ Cell Phone: _____	Name: _____ Home Address (If different): _____ Mailing Address (if different) : _____ Home Phone, if different: (____) _____ Cell Phone: _____
<p style="text-align: center;">If youth does not live with parent(s), please list with whom student lives:</p> Name(s): _____ Legal Guardian? ____ Yes ____ No Address: _____ Home Phone: (____) _____ _____ Cell : (____) _____	

Reason for Referral- Please Describe in Detail

School: _____
 Home: _____
 Legal: _____

School Intervention Steps

Student Contacts:

Teacher

Dates

__/__/__

Outcome

Guidance Counselor

__/__/__

Other: _____

__/__/__

Parent Contacts:

Phone

Dates

__/__/__

Outcome

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:

Other Providers		
Agency Name	Type of Service	Contact Person

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 may result in a referral to the Department of Social Services Diversion Program. 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