



Prevention Services Referral Form

Effective July 1, 2022

Date Referred: _____

Locality: Essex Co. Lancaster Co. Northumberland Co.
 Richmond Co. Westmoreland Co. Other: _____

Referring Agency: Parent / Guardian Social Services Schools
 Other Agency: _____

Program(s) Ordered:

Check and Connect Specialized Prevention Programs
 Decision Points Group

*** Please attach copies of the disciplinary referral letter to all referrals, if one is available. ***

Juvenile Name: _____

Gender: Female Male DOB: _____ Client ID: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Race: African American Asian Caucasian Hispanic Other

School: _____

Parent / Guardian: _____

P / G Address: _____

P / G Home Phone: _____ Cell Phone: _____

Reason for Referral: _____

Date Ordered: _____ Deadline Date: _____

Referral Contact: _____ Contact Number: _____

Faxed / Referred by: _____ Contact Number: _____

Comments: