GCYB-2010PP

_____
Date

GREENE COUNTY YOUTH BUREAU Pre-PINS PROGRAM

REFERRAL Sheet

Parent **must** be told that this referral has been made.

Please return completed form to:
Carrie W. Vedder
Greene County Youth Bureau
411 Main Street, Catskill, NY 12414

Child's Name: _____ Gender _____ D.O.B.: _____ Age: ___ Grade: _____
School District:_____ Referral Source/Title: _____
Phone # of Referral Source:_____Email:_____
Fax # of Referral Source: _____
Parent's Name: _____ Parent's Phone Number: _____
Physical Address: _____
Mailing Address if different from above: _____
Email Address: _____

I. Reason for Referral: Check one or more problem areas:

- ☐ School _____
- ☐ Home _____
- ☐ Legal _____
- ☐ Family _____
- ☐ Other _____

II. C.S.E. Involvement? Yes No If yes, has there been a manifestation hearing regarding behavioral issues? Yes No Date:_____

III. Within the past six months or current school year we have exhausted the following resources:

- ☐ Guidance Counselorï Name:_____Contact info:_____
- ☐ Social Workerï Name:_____Contact info:_____
- ☐ School Psychologistï Name:_____Contact info:_____
- ☐ SPOA Date of presentation:_____
- ☐ Otherï Name:_____Contact info:_____
  Name:_____Contact info:_____
  Name:_____Contact info:_____
  Name:_____Contact info:_____

Please read the following to the parent and child:
I understand that the Greene County Youth Bureau is a voluntary program. I agree to participate and cooperate with the program and other recommended service providers. I understand that failure to comply with this program may result in Probation involvement, a PINS petition or out of home placement for my child. I understand that this referral is being made because the school district/agency/parent has exhausted its resources. I understand that I am giving permission to use the contact information listed above.

_____ _____
Signature of Referral Source Date Signature of Parent/Guardian Date

_____
Signature of Child Date

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_____
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Office Use Only

- ☐ Child lives with:_____
- ☐ Parents are:_____
- ☐ Primary Language in the home:_____
- ☐ ChurchAffiliation:Yes/No_____
- ☐ DSS Involvement: ☐ Current ☐ Past ☐ None Contact:_____
- ☐ # Hours of T.V._____
- ☐ # Hours of non school related Computer use/Video Games_____
- ☐ # Hours of non school related reading _____
- ☐ Hobbies_____
- ☐ Special Interests:_____
- ☐ Bedtime: school/vacations:_____/_____ Time Awake each morning:_____
- ☐ Chores:_____
- ☐ EmploymentHistory:_____
  _____
- ☐ Pediatrician:_____
- ☐ Dentist:_____
- ☐ Medical Insurance:_____
- ☐ Career goals:_____
- ☐ Summer/Time off from school plans:_____
- ☐ Daily Nutrition_____
- ☐ Info needed to make services more effective?_____
- ☐ _____
  _____
  _____

Action Taken:

_____ Parent permission/releases signed
_____ Other referrals made_____
_____
_____
_____

_____ Other - explain _____
_____
_____
_____

Caseworker assigned: _____ Date Assigned: _____

_____ Acknowledgment Letter sent to referral source

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