Phone: (919) 718-4690

FAMILY-CENTERED CASEWORK

LEE COUNTY YOUTH AND FAMILY SERVICES & LEE COUNTY DSS

Address: 112 Hillcrest Dr.
Sanford, NC 27330

REFERRAL FORM

Number of Youth Living in Home: _____

Family or Youth Being Referred: _____
Age: _____ **DOB:** _____ **Sex:** ☐ **Male** ☐ **Female** **Race:** _____ **Phone:** _____
Address: _____
(city) _____ **(county)** Lee **(state)** NC **(zip)** _____
Father's Name: _____ **Phone:** _____
Mother's Name: _____ **Phone:** _____
Guardian's Name: _____ **Phone:** _____
Youth Resides with: _____ **Relationship:** _____
Location of Youth (if not at home address):
_____
_____
Referring Agency/Individual: _____ **Phone:** _____
Address: _____ **Fax:** _____

Type of Referral:
[ ] **Written**
[ ] **Phone**
[ ] **Face-to-face**
[ ] **E-mail**
[ ] **Self**

Reason for Referral (PLEASE CHECK ALL THAT APPLY):

a. _____ **family violence, physical and/or emotional abuse, and neglect**
b. _____ **parent-child conflicts**
c. _____ **housing problems or financial distress**
d. _____ **alcohol or substance abuse problems**
e. _____ **mental health problems or serious emotional disturbances**
f. _____ **delinquency or incarceration**
g. _____ **death, divorce, or separation of parents**
h. _____ **special needs presented by chronic illness and handicapping conditions**
i. _____ **other defined needs for family casework**

Brief Description of Initial Complaint (Reason for Referral): _____
_____
_____
_____
_____