

Family Service Society, Inc.

Planting the Seeds for a Better Tomorrow
Prevention Services Referral Form

Client name: _____

D.O.B. _____

Age: _____

Client grade: _____

Teacher: _____

Client type (circle):

New client

Previous client

Admitted client

Client Home/Mobile Phone _____

Client Address: _____

Race and Ethnicity: _____ Parent/Guardian: _____

Primary language: _____ Emergency Contact: _____

Parents Employment: _____ TANF Eligible (Y) _____ (N) _____

Parents Annual Salary: _____ TANF includes, Medicaid, SNAP, Cash Assistance, Disability Etc.

Services requested: Check Mark Services Requested

_____ Teen Intervene

_____ Prevention Education

_____ Prevention Counseling

_____ YMST – Youth Mentoring of the Southern Tier

_____ Summer Teen/Youth Program – Held at Corning Youth Center/TREE of Dreams Teen

Space

_____ SSET (Supporting Students Exposed to Trauma) Group

Special needs to consider and/or risks identified: Please list

Issues/symptoms/reason for referral (such as behavioral, substance use, substance use in family, custody issues, emotional regulation problems, low commitment to school, bullying/being bullied, etc)

Preferred Location – circle and write in availability

In School Sessions

Also Available at our Bath Office is Teen Intervene

In Person Sessions

Virtual Sessions

Referred by: _____

Referrer Name & Email: _____

Please send along OASAS release, Parent Consent form, Confidentiality form, Justice Center Consent, Counseling Agreement, Teen Intervene Consent (if referring) and FERPA form.