

**PROGRAM REFERRAL**

Call Amanda Medlyn at 494-3034 or fax to 668-6260 or **EMAIL THIS FORM TO medlyna@cfsnh.org**

**Contact Information**

Date \_\_\_\_\_

JPPO / CPSW \_\_\_\_\_

District Court \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred Means of Communication \_\_\_\_\_

Frequency of Contact \_\_\_\_\_

Court Ordered, Voluntary or Insurance \_\_\_\_\_

Next Court Date \_\_\_\_\_

- Manchester       Laconia       Hooksett
- Dover             Concord       Plymouth

- Goffstown       Salem       Nashua
- Portsmouth     Rochester

**Client Information**

Identified Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Numbers (Home/Work/Cell) \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Sibling 1 (in home?), Age, School \_\_\_\_\_

Primary Language Spoken in Home \_\_\_\_\_

Sibling 2 (in home?), Age, School \_\_\_\_\_

**Parent/Guardian Information**

Parent / Guardian (1) \_\_\_\_\_

Parent / Guardian (2) \_\_\_\_\_

Phone Numbers (Home/Work/Cell) \_\_\_\_\_

Phone Numbers (Home/Work/Cell) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employment & Hours \_\_\_\_\_

Employment & Hours \_\_\_\_\_

**Family History:** (Is there a history of violence? Child or adult? Are there weapons in the home?):

**Presenting Problem:**

**History of Problem:**

- Curfew Checks (Su-Th      F-Sa      )       Appropriate Supervision       Restitution to be Paid (Amount \$      )
- Callbacks       Parenting Techniques       Community Service Hours (      )
- School Checks       Appropriate Discipline       Other Services (Specify):
- Random Drug Screens       Household Cleanliness

**FOR CFS USE**

Family Therapist \_\_\_\_\_ Date Assigned \_\_\_\_\_

Caseworker \_\_\_\_\_ Caseworker Role \_\_\_\_\_