

## Referral

Group Start Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person being referred is: \_\_\_ Bio Parent \_\_\_ Step-Parent \_\_\_ Parent  
Sub \_\_\_ Legal Guardian

Father/father figure: \_\_\_ Court Ordered \_\_\_ Not Court Ordered to  
Participate.

Number of Children: \_\_\_ Male \_\_\_ Female Ages: \_\_\_\_\_

Resides with the child(ren): \_\_\_ Yes \_\_\_ No

\*(If the father/father figure does not reside with the child)

\*Visitation: \_\_\_ Yes \_\_\_ No How often: \_\_\_\_\_

\*Type of Visitation: \_\_\_ Unsupervised \_\_\_ Monitored \_\_\_ Supervised

Does Father/Father-figure have involvement with any of the following:

\_\_\_ Mental Health                      \_\_\_ Alcohol/Substance Abuse Counseling

\_\_\_ Probation                              \_\_\_ Parole

\_\_\_ Family Court                         \_\_\_ Criminal Justice System

\_\_\_ Foster Care                            \_\_\_ Child Protective Services

\_\_\_ Domestic Violence                 \_\_\_ Anger Management (PCR, GATE)

\_\_\_ Preventive Services                 \_\_\_ Workforce Development/Youth Bureau

Referrals may be forwarded to Seneca Co. DHS: 1 Di Pronio Drive, Waterloo, NY  
13165, attention: Mike Whirtley (315) 539-1794 or Cindy Swarthout (315) 539-1855

Fax: (315) 539-1447