

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