

## Referral

Group start date \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

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

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

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

Mother / Mother figure: \_\_\_\_\_ Court Ordered \_\_\_ Not Court Ordered to  
Participate

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

Resides with the children \_\_\_ Yes \_\_\_ No

\* If the Mother / Mother figure does not reside with the child:

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

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

Does Mother / Mother 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

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

Referrals may be forwarded to Seneca County Workforce Development & Youth  
Bureau 1 DiPronio Drive Waterloo, NY 13165 Attention Dawn Tam or Sandy  
Steele 315-539-1905 Fax 315-539-3857