

## Referral

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

Evening Group       LEC group

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

Child Protective Ser.     Foster Care

Domestic Violence     Anger Management (PCR, GATE)

Preventive Services     Workforce Development

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

**Fax: (315)539-4251**