Confidential

REFERRAL FORM (referrals@harmonydc1.org)

Referring Agency:

Referring Agency or School Name:_____Date:_____
Name or Staff or Parent Initiating Referral:_____
Phone Number:_____E-Mail Address:_____

Demographics (Guardian/Youth):

Guardian Name: _____
FIRST MIDDLE LAST
Client Name: _____
FIRST MIDDLE LAST
Date of Birth: _____/_____/_____Gender:_____MALE _____FEMALE SS#: _____
Other Children Living in the Home:
Name:_____DOB:_____Age:_____Gender:_____
Name:_____DOB:_____Age:_____Gender:_____
Name:_____DOB:_____Age:_____Gender:_____
Number of Adults in the Home:_____Number of Children in the home:_____

Ethnicity: ☐ A. American Indian ☐ B. Asian/PI ☐ C. Black, Not of Hispanic Origin
☐ D. Black Hispanic ☐ E. White Hispanic ☐ F. White, Not of Hispanic Origin
Bi Racial ☐ Yes ☐ No ☐ G. Haitian ☐ H. Jamaican

Primary Language Spoken: _____

ADDRESS: _____ CITY, STATE, FL _____

PHONE NUMBER: ( ) _____ Work: ( )_____ E-Mail Address: _____
SCHOOL: _____STUDENT ID#: _____ GRADE: _____
Exceptional Educational Program: ☐E.B.D. ☐E.S.E ☐GIFTED ☐REG. CLASSES IEP: ☐Yes ☐No

Reason for Referral (check all that apply):

☐Behavioral ☐Mental Health ☐ ☐Case management ☐ School Transition/Support Services
☐Kinship Services ☐Parenting Skills/Support ☐ Restorative Conference ☐ Substance Abuse ☐ Outpatient
Medicaid ☐Other (Please explain)

_____
_____

ACTION TAKEN: (To be completed by HDC staff) HDC ID#: _____

- Case Accepted: Assigned Worker: _____

Location: ☐ COOPER CITY ☐ LAUDERHILL ☐ MIRAMAR ☐ CORAL SPRINGS ☐POMPANO

- Case Denied:_____

Referred to another community agency for services: _____

Reviewed by Supervisor: _____ Date: _____