

# York County Human Services Family Engagement Unit

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[yorkcountyhumanservices.org](http://yorkcountyhumanservices.org)  
 (717) 771-9095



## Referral Form - CONFIDENTIAL

Thank you for your referral to FEU. We will be reaching out to you within the next business day for more information, and will be calling the family within two business days. Please include any information that should be known before we contact the family. Please indicate "N/A" in a required field if the question is not relevant.

Family Name: \_\_\_\_\_ Family phone/contact email: \_\_\_\_\_ School district: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Contact #: \_\_\_\_\_ Supervisor/Ext: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Court Involvement:	Interpreter needed?	Can school provide interpreter?	Language:
Delinquent	YES	YES	
Dependent	NO	NO	
None			

Next Court Date/Time/Location: \_\_\_\_\_

Is This an emergency referral? YES NO

If YES, indicate reason: \_\_\_\_\_

Is mental health case management involved? Agency/worker?

MH diagnosis, if known: \_\_\_\_\_ IQ: above 70 below 70 unknown

### Reason(s) for Referral?

- |                                |                             |                      |
|--------------------------------|-----------------------------|----------------------|
| Identify Placement Option      | Develop Concurrent Plan     | Medical Issues       |
| Develop/Review Visitation Plan | Supports/connections        | Non-compliant        |
| Parent/Child Conflict          | Aftercare/Discharge/Closure | Services ineffective |
| Truancy                        | More services needed        | Other:               |
| Reunification Plan             | Behaviors school/home       |                      |

Child Name \_\_\_\_\_ DOB: \_\_\_\_\_ FA#: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/ethn.: \_\_\_\_\_ Current Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Family/Caregiver:

Relationship

Current Address:

Contact phone/email:

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Professionals:

Role/Agency:

Email:

Contact #:

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Primary Family Contact Person/Best Time to Contact?

Please Describe Main Challenges:

What outcome(s) do you hope to see the family achieve through a Family Engagement Meeting?

Red Flags (violence, abuse, PFA, person(s) not to contact, etc:

Safety Concerns (Environmental, Etc.)

Any scheduling conflicts we should know about?

Did You Discuss This Referral With the Family?

Yes

No

***Please save as a PDF and email completed referral and consent form (page 4)  
to [humanservices@yorkcountypa.gov](mailto:humanservices@yorkcountypa.gov)  
or fax to (717) 771-9855***

**YORK COUNTY HUMAN SERVICES – FAMILY ENGAGEMENT UNIT  
INFORMATION RELEASE AND CONSENT FORM**

**This consent will allow York County Human Services staff to share information with individuals that are invited to participate in developing the plan regarding the concerns that have brought us together and the purpose for the conference/meeting. Each person with whom we speak will be asked to respect your privacy and confidentiality.**

I hereby authorize York County Human Services Family Engagement Unit and the following organizations, **with whom I am currently working**, to release and receive information. Please list all services that are currently in place (i.e. School, School District, CYF, MH-IDD, SAM, JPO, Attorneys, Counseling Services, Etc.):

<b>Current Provider Name</b>	<b>Agency</b>	<b>Phone</b>	<b>Email</b>

from the record of \_\_\_\_\_  
Name Birthdate

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
School District School

Any or all of the following information may be exchanged for the purpose of referral/case coordination:

- |  |                                     |
|--|-------------------------------------|
| Psychiatric / Psychological reports            | Vocational skills assessment Social |
| Teacher observations / School records          | History / Family Information        |
| Progress Reports                               | Attendance Data                     |
| Medical Reports                                | Report Cards                        |
| Neurological Reports                           | Admission / Discharge Reports       |
| IQ test scores, aptitude and achievement tests | Behavior Reports                    |
| Human Services Department Information          |                                     |

**This release is valid for 12 months from the date of signature and may be revoked by notifying a YC Human Service staff member in writing or witnessed verbally. I understand that treatment, payment, enrollment or eligibility for benefits and services is not subject to signing this release. However, I choose to sign this release voluntarily to receive CASSP coordination or Family Engagement services. I have read this form carefully and understand what it means.**

**Verbal Consent given by:** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor (age 14 and above) Date

\_\_\_\_\_  
Signature of Parent or Guardian Relationship Date

\_\_\_\_\_  
Signature of Witness/Referring worker Date

\_\_\_\_\_  
\*\*\* Signature of Witness Date

**Verbal release of information** (\*\*requires signature from two witnesses): This section is to be used for consumers who are unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent. **In accordance with Pennsylvania Regulations: “This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains.”**