



AGENCY REFERRAL FORM



Mailing Address:
Attn: April Kemp, Program Director
 2150 Port Royal Road
 Clarks Summit, PA 18411
 Fax: **570-587-4676**

Farm Location:
 2150 Port Royal Road
 Clarks Summit, PA 18411
(570) 587-HOPE
 www.marleysmission.com

**“Marley’s Mission is a place where hope comes alive for children
 and their families who have experienced trauma.”**

Today's Date: ____ / ____ / ____

REFERRAL INFORMATION:

Referral Source: CAC Children & Youth Friendship House Other: _____

Referral Address: _____

Contact Person: _____

Contact Phone#: _____

PARTICIPANT INFORMATION:

Child's Name _____

Sex: Male Female **DOB:** ____ / ____ / ____ **Age:** ____

Parent/Legal Guardian: _____

Identify Relationship to Child: Mother Father Legal Guardian Other: _____

Current Home Address: _____

CONTACT NUMBERS: _____

If different from above, list names of biological/adoptive parents (if known):

Mother: _____ Father: _____

Child's Siblings:

Name	Age	Biological Sibling or Other (adopted, step, foster)	Live in Same Home as Child



Trauma

Briefly explain trauma:

DSM Code (if identified): _____

SUMMARY OF LITIGATION (if applicable):

Briefly explain relevant pending or settled litigation related to child's history of abuse or trauma.

THERAPIST INFORMATION:

Therapist Name: _____

Therapist Affiliation: _____

Therapist Address: _____

Therapist Phone: _____



OTHER INFORMATION:

Was a Pennsylvania on Crime and Delinquency (PCCD) form filed? Yes No

PCCD# (if known): _____

If PCCD was filed, but number is not available, what is the date PCCD was filed?: _____

Was police report filed? Yes / No

If yes, what is police report # _____ (Please attach copy of policy report.)

MEDICAL INFORMATION:

Are you aware of any immediate medical conditions for which **Marley's Mission, Inc.** should be aware of prior to the child arriving at **Marley's Mission, Inc.**, such as nut allergies, bee allergies, asthma, epilepsy, heart conditions, etc.)

MISCELLANEOUS:

Is there anything else you feel we should know prior to meeting this child/family?

Please be sure to attach any relevant supporting documents.

If you have any questions, contact April Kemp (Founder and Program Director) at

aprilkemp@marleysmission.com or call 570-587-HOPE.

FAX COMPLETED DOCUMENT TO: 570-587-4676.