Beyond Families
A Preservation Program
Referral

Site: Okmulgee ______________________ Referral Date: ____/____/______

Referring Organization: ____

Referral Reason: (be specific or send an attached detailed statement) ____

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Referring Person: ______________________________ Phone: ____________________

Client Name: ______________________ How many children: ________ Do they live with them: ____________

Date of Birth: ____/________/________ Gender: ______________________

Medicaid/Member #: ______________________ Social Security #: ______________________

Race / Ethnicity: *(Check all that apply.)*

☐ White ☐ Black / African American ☐ Asian ☐ Other *(Specify)*: ____________

☐ Hispanic/Latino ☐ American Indian: Enrolled Tribe ______________________

Address: ____

City: ____________________ County: ______________ State: ________ Zip Code: ____________

Primary Phone: ______________________ Secondary Phone: ______________________

Involved Organization(s) and Circumstance(s) (Check all that apply.)

Child Welfare:	☐ Involved (open CW case) ☐ Child Protective Services	☐ In DHS custody ☐ Family Centered Services	KIDS #: ____________ ☐ Permanency Planning
OJA:	☐ Involved	☐ In custody	OJA #: ____________
☐ **Other Law Enforcement** *(specify)*: ______________________			
☐ **Primary Care** – (Or any Physician/Nurse): ______________________			
School System:	☐ IEP ☐ 504 Plan	☐ Other *(specify)* ______________	
☐ **Inpatient Facility** *(specify)*: ______________________			
☐ **Outpatient Behavioral Health Services**: *(specify)*: ______________________			

Contact:

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