



Coordinated Children's Services Initiative

"Families and Agencies Working Together"

RELEASE OF INFORMATION FOR REFERRAL TO THE CHILDREN & YOUTH ADVISORY COMMITTEE

I, _____, grant _____ Permission to submit my name and to provide information to the Children & Youth Advisory Committee so that I might be considered for involvement in Coordinated Children's Services Initiative (CCSI).

This includes presentation of detailed information to the Children & Youth Advisory Committee for the purpose of developing a family-specific treatment team.

The Advisory Committee is comprised of representatives from area agencies which provide services to children & youth, such as the Youth Bureau, First Step, Cornell Cooperative Extension, Probation, the Department of Social Services/Child Preventive Unit, Alcohol Clinic, Schuyler County Mental Health Clinic, Watkins Glen, Odessa-Montour, Trumansburg and Bradford Central School Systems.

Date signed: _____

Signed: _____
Candidate/Parent/Guardian

Witness: _____

This Release expires one year from date signed.

**COORDINATED CHILDREN'S SERVICES INITIATIVE
REFERRAL SHEET**

Date: _____

Name: _____ Male ___ Female ___
Address: _____ D.O.B.: _____
_____ Age: _____

Phone: Home: _____ Work: _____

Parent's Name: _____

EMERGENCY CONTACT - Name: _____
Address: _____
Phone: _____
Relationship: _____

AGENCY INVOLVEMENT

Current Requested Person:	Please list Contact
<input type="checkbox"/> <input type="checkbox"/> Mental Health Clinic (535-8282): _____	
<input type="checkbox"/> <input type="checkbox"/> Probation (535-8165): _____	
<input type="checkbox"/> <input type="checkbox"/> Youth Bureau (535-6236): _____	
<input type="checkbox"/> <input type="checkbox"/> School Outreach (535-8282): _____	
<input type="checkbox"/> <input type="checkbox"/> DSS/Children's Services (535-8322): _____	
<input type="checkbox"/> <input type="checkbox"/> Cornell Cooperative Extension: _____	
<input type="checkbox"/> <input type="checkbox"/> First Step (535-2050): _____	
<input type="checkbox"/> <input type="checkbox"/> FLACRA (535-8260): _____	
<input type="checkbox"/> <input type="checkbox"/> PINS / PINS Diversion (535-8165): _____	
<input type="checkbox"/> <input type="checkbox"/> Planned Parenthood (535-7680): _____	
<input type="checkbox"/> <input type="checkbox"/> Rape Crisis (1-888-810-0093): _____	
<input type="checkbox"/> <input type="checkbox"/> ARC (535-6934): _____	
<input type="checkbox"/> <input type="checkbox"/> CHOICES Counseling (535-8262): _____	
<input type="checkbox"/> <input type="checkbox"/> Finger Lakes Parent Network (732-7472): _____	
<input type="checkbox"/> <input type="checkbox"/> Head Start (535-7131): _____	
<input type="checkbox"/> <input type="checkbox"/> Home Health (535-8140): _____	
<input type="checkbox"/> <input type="checkbox"/> School Services: _____	

Other: _____