

**Referral and Consent to Release Information to
Tompkins County Single Point of Accountability Team**

I am requesting a SPOA meeting in order to develop a plan as an alternative to a restrictive placement, or, to help select the least restrictive placement to meet my child's needs. I understand information will be shared during the meeting and I give my permission for that to occur.

Signature of parent/guardian _____ **date** _____

Signature of youth (optional) _____ **date** _____

Address _____

Date of Birth _____ **Race** _____

Single Point of Accountability Team Members:

Parents and their invited guests, Catholic Charities Parent Partner, Mental Health Clinic, Law Guardian, County Attorney, Sara Hess, Home and Community Based Services Program, Youth Advocates Program, BOCES, Glove House, DSS, Probation

Parents and caregivers: The person completing this form with you will give your name and number to the Parent Partner program (Robin or Sonya 272-5062 extension 16) unless you do not want them to: ____ I do not want my name and number given to the Parent Partner program.

Please list invited participants (you may want to complete the rest of the forms together, particularly page 3, 4, and 5 before deciding who to invite):

What brought you here to the SPOA team? (Reasons, circumstances, relevant history) _____

During the meeting we will share the information you provide here. We will ask others, and you, to add to it. The purpose is to identify strengths, resources, and potential resources, and together, develop the best plan to meet the young person's needs.

Thank you!

_____ strengths, skills, talents, interests
(young person's name)

Favorite activities:

Favorite school subjects:

Hobbies, Skills, Talents and Abilities:

Favorite people:

Favorite places:

Areas where I can help other people:

Career or Job Interests:

Interesting things I have done:

A special experience or something I have overcome:

Other:

