



Referral Form

Please complete ALL fields within this document

Type of referral (Select One)

- ☐ Community
☐ Department of Social Services
☐ Law Enforcement *(please submit by email)*
☐ Personal/Family
☐ School
☐ DJS
☐ Other *(please explain)* _____

Date of Referral _____

Referring Agency/Organization _____

Referring Partner's Name _____

Contact Number _____

Email Address _____

DEMOGRAPHIC INFORMATION

Youth Name _____

Date of Birth _____ Age _____ Gender Preference _____ Race(s)/Ethnicity _____

Please provide the following information for the CURRENT legal guardian/custody holder(s):

Parent/Legal Guardian(s) _____

Address _____

City, State, Zip Code _____

Phone Number _____ Email Address _____

NEEDS ASSESSMENT *(please check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Anger Management Skills | <input type="checkbox"/> Safety to Self/Others | <input type="checkbox"/> Family Violence |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Food Insecure | <input type="checkbox"/> School Performance |
| <input type="checkbox"/> Child Abuse/Neglect/Sexual Assault | <input type="checkbox"/> Family/Natural Supports | <input type="checkbox"/> Self-Care Skills |
| <input type="checkbox"/> Community Violence | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Conflict Resolution Skills | <input type="checkbox"/> HIV+/AIDS Support Services | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Substance Use Issues |
| <input type="checkbox"/> Crisis Management Skills | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Problematic Sexual Behavior |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Youth Services | <i>(School Aged Children Only)</i> |

REFERRAL NOTES

Please provide the reason for referral and any additional information the Bridge Program should be aware of:

Referral Forms may be submitted by email to khambric@scsmd.org* or via fax at 410-838-8953

**referrals received by email are not secure*



BOB CASSILLY
Harford County Executive
Barbara W. Richardson
Director

Harford County Housing & Community Services
Office of Drug Control Policy

www.harfordcountymd.gov/BridgeProgram