



# 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:

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Referral Forms may be submitted by email to [khambric@scsmd.org](mailto: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](http://www.harfordcountymd.gov/BridgeProgram)