

Broome County Central Intake/Thrive Referral

Referrals are accepted by phone (607-778-2700) Monday-Friday between 8am-4pm. Referrals can also be completed and emailed to DSS-Central-Intake-Unit@broomecountyny.gov. Referrals that are submitted after-hours will be addressed the next business day. Anonymous referrals will not be accepted. ***Required information***

Referral Source

Name*	Phone*	Agency*
Email*	Best time to contact*	
Is the family aware the referral is being made? * <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Caregiver

To add more parents/caregivers, click on the table and add using the + located in the lower right corner.

Name*	Relationship*	Primary Language*	Need Interpreter* <input type="checkbox"/> Yes <input type="checkbox"/> No
Race* <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan/Pacific Islander <input type="checkbox"/> Native American			Hispanic* <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address*	Apt No*	City/Town*	Zip Code*
Phone*	Email		
Preferred Contact Method* <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email			

Child/Children

To add more children, click on the table and add using the + located in the lower right corner.

Name*	Date of Birth*	School District*	Subject Child* <input type="checkbox"/> Yes <input type="checkbox"/> No
Race* <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan/Pacific Islander <input type="checkbox"/> Native American			Hispanic* <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral

Please include as much detail as possible regarding the reason for referral, concerns, and what you are hoping Central Intake can assist with. *

For Agency Use Only

Date referral received:

Current CPS/FS case open? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assigned to who?
Corresponding allegation: <input type="checkbox"/> PDAM <input type="checkbox"/> CDAM <input type="checkbox"/> LMC <input type="checkbox"/> EdN <input type="checkbox"/> LS <input type="checkbox"/> IG <input type="checkbox"/> IFCS
Referral accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No Yes, assigned to: No, rejected because:

Case Notes