**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? **\*** [ ]  Yes [ ]  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\*** |
|       |       |       | **[ ]** Yes **[ ]** No |
| **Race\***  |  |  | **Hispanic\*** |
| [ ]  Black [ ]  White [ ]  Asian [ ]  Alaskan/Pacific Islander [ ]  Native American | **[ ]** Yes  **[ ]** No |
| **Street Address\*** | **Apt No\*** | **City/Town\*** | **Zip Code\*** |
|       |       |       |       |
| **Phone\*** | **Email** |
|       |       |
| **Preferred Contact Method\*** [ ]  Phone Call [ ]  Text [ ]  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\*** |
|       |       |       | **[ ]** Yes  **[ ]** No |
| **Race\***  |  |  | **Hispanic\*** |
| [ ]  Black [ ]  White [ ]  Asian [ ]  Alaskan/Pacific Islander [ ]  Native American | **[ ]** Yes  **[ ]** 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? **[ ]** Yes  **[ ]** NoIf yes, assigned to who?       |
| Corresponding allegation: **[ ]** PDAM [ ]  CDAM [ ]  LMC [ ]  EdN [ ]  LS [ ]  IG [ ]  IFCS  |
| Referral accepted: **[ ]** Yes  **[ ]** NoYes, assigned to:      No, rejected because:       |

**Case Notes**