every child inc.
Family ever after.

Every Child, Inc. Prevention Services Referral Form

Please fax all referrals to 412-665-0755
***Please direct any questions/ referrals to* Emily Schantzenbach**
Emily can be reached at 412-665-0600

Please choose service that is to be provided by Every Child, Inc.:

☐ **Medically Related Wrap around Services**
Eligibility: Family must have a child under 18 yrs. with a medical diagnosis/special need and reside in Allegheny County. The family cannot be currently involved with CYF.

☐ **Pregnancy Support with Trained Doula**
Eligibility: Woman must be pregnant and reside in Allegheny County.

☐ **Parenting Support for Parents with Intellectual Disabilities**
Eligibility: Parent must have a suspected intellectual disability and reside in Allegheny County

Referral Source Information:

Name	
Agency/Hospital/etc.	
Phone	
Fax	
Email Address	
Address	

Caregiver/ Expectant Mother Information:

Name	
Date of birth	
Address	
Phone	
Relationship to child (*if MRWS services)*	
Pregnant mothers due date *(if applicable)*	
Suspected cognitive delay or intellectual disability	☐ **Yes** ☐ **No** **If yes, please explain:**

Child Information (if applicable):

Name	
Date of Birth/Age	
Gender	
Social Security Number	
Contact info if different than above	

Please list all significant people or agencies currently associated with the family/child:

Last Name	First Name	Address	Phone	Agency

Reason for Referral:

Please detail what specific concerns lead to the referral and identify additional needs that the family has.

EVERY CHILD, INC.

Consent for release of referral information:

I agree to this referral. I understand that the information recorded on this form, and relevant information gained about my family will be shared with other social service providers in order to support the provision of services to me and my family. I am aware that I may limit the information shared and I may withdraw consent at any time.

Signature of Parent: _____Date_____

Witness/Referral Source Signature: _____Date_____

*If unable to obtain signature please detail why:

_ _____ _____

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