



Prevention Services Referral

1425 Forbes Ave., Pittsburgh PA 15219

Fax Referrals: 412-665-0755 Main Office: 412-665-0600

Service Requested:

- Doula Pregnancy Service

Eligibility: High-risk pregnancy in the 2nd trimester (4th month).

- Care Giver Support

Eligibility: Child under 18 years in the care of an alternative guardian: grandparent, extended family, etc. Allegheny County resident.

***Cannot be active with CYF.**

- Medical Wraparound (MRWS)

Eligibility: Child under age 18 with a medical diagnosis/special need and reside in Allegheny County. ***Cannot be active with CYF.**

Referral Information: Please complete each section

Referral Name	
Organization	
Address	
Phone	
Email	

Parent/Guardian/Expectant Mother Information:

Name	
Date of Birth	
Social Security Number	
Address	
Phone	
Relationship to Child	
Mother's Due Date	



Suspected intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please explain:
-----------------------------------	--

Medical Wraparound/Care Giver Child Information:

Child's Name	
Date of Birth	
Gender	
Social Security Number	

Agencies currently working with family/child:

Contact Name	Organization	Phone

Reason for Referral:

Consent for Release of Referral Information:

I agree to this referral. I understand the information recorded on this form and information obtained about me/my family may be shared with other social service providers to support the provision of services to me and my family. I am aware that I may limit the information shared and may withdrawal consent at any time.

Client/Parent/Guardian Signature Date

Referral Source Signature Date