**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**](mailto: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 No  If yes, assigned to who? |
| Corresponding allegation: PDAM  CDAM  LMC  EdN  LS  IG  IFCS |
| Referral accepted: Yes No  Yes, assigned to:  No, rejected because: |
| Case History: |

**Case Notes**