Community Intervention & Educational Services Home of The COOL Program

COOL Program

WINSTON-SALEM, NC 27101 | 336-577-8201 OR 336-776-0322 | FAX 336-283-0777

REFERRAL FORM

Today's Date:	Person Making Referral:	Organization:
	Email Address:	
Time:	Person's Telephone #:	

REFERRAL INFORMATION

Person Needing Service:		☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss
Parent/ Guardian Name:		
Telephone #:	Alternate telephone #:	
Birth Date:	Age:	Sex: ☐ Male ☐ Female
Ethnicity: ☐ African American ☐ White ☐ Hispanic ☐ Asian ☐ Two or more races		
County of Residence:		
Type of Referral: ☐ Self ☐ TASC ☐ Probation ☐ WSPD ☐ School System ☐ SANE ☐ Other		
Address:		
City:	State:	Zip:

Brief Explanation of Need:
DSS Case Plan / Probation Plan:

Signature of Person Completing the Form	Date:
Date Referral was Received by Intake / Referral Coordinator:	
Was referral accepted? ☐ Yes ☐ No (If no, then state the reason why)	