



CHILD REFERRAL REPORT FY17

This report must be submitted electronically to: walters@region10pihp.org. Reports are due 1/15, 4/15, 7/15 and 10/15.

PIHP Region: 10 Quarter: 1st 2nd 3rd 4th

This report is to identify the number of children who “enter” services with their mother.

	Prevention Services	Treatment Services	MH Services	Other
# of Children Referred to:				
# of Children Who Accessed:				
# Who Refused Services				

Though the child might not be physically present, the clinician and case manager should be asking about any concerns regarding the child/ren, and noting and tracking all referrals made for services.

INSTRUCTIONS:

1st Row: indicate the total number of children referred for each service category listed across the top. There may be some “duplication” if a child is referred for more than 1 service.

2nd Row: indicate the number of children (parents) who accessed the service they were referred to. This will require follow up with the family.

3rd Row: indicate the number of children (parents) who refused the service they were referred to.