



**Community Action Partnership of Lancaster County
Parents as Teachers**

1770 Lincoln Highway East Suite C, Lancaster PA 17602
Telephone: (717) 431-1027 Fax: (717) 431-1030
www.CAPLanc.org/PAT

Referral Form

Referral can be faxed to (717) 431-1030 or emailed to Rose DeJesus at rdejesus@caplanc.org

Primary Language: _____ Secondary Language: _____

Parent Information

Mother's Name:

Father's Name:

Address

Address (if different)

Telephone Number:
(Please indicate best time to call)

Telephone Number:
(Please indicate best time to call)

Children's Information

Child(ren)'s Name:

Date of Birth:

Reason for referral:

Social Emotional Concern _____
Resource Connections _____

Developmental Concern _____
Other (describe below) _____

Referred by: (Please include your name and the agency/organization you represent)

Name: _____ Telephone: _____

Date: _____

Assign to: _____

Date: _____

Contact Log

Staff/Date	Result of Client Contact	Date of Follow Up to Referring Agency

Assign to: _____

Date: _____