

## WESLEY SCHOOLS REFERRAL FORM

**Date of Referral:**

**\*\*Please fax completed referral form to Intake Department at #412-347-3188**

**Program of Interest**    *WS Acute*                       *WS Approved Private School*    *WS Private Education*  
 *WS 45 Day Placement*    *WS Bridge*             *WS Partial*             *WS OP*                       *ESY*

### Child/Adolescent Information

Name:		Date of Birth:	Age:
Social Security Number:		City and State of Birth: *if not Pa- mo./year moved to Pa:	
Race(optional):	Sex: <b><i>M or F</i></b>	Past Admission to a Wesley Spectrum Program? <b><i>Y or N</i></b>	
Current Address:			
Legal Involvement: <b><i>Y or N</i></b>		CYF Involvement: <b><i>Y or N</i></b>	

### Parent/Caregiver Information

Parent/Caregiver name (s):	
Home phone:	Cell phone:
E-mail address:	Emergency Contact(s):
Who has Legal custody of Child?	Are there Custody Documents? <b><i>Y or N</i></b>

### School Information

Current School:	School Contact:
School District:	Pa Secure ID #:
Grade:	Special Ed: Yes
Date of IEP:	Date of ER/RR:
	If Yes: Primary Disability Category: ED

### Referral Source

Name:	Agency:
Phone Number/Fax Number:	Family in agreement with Referral? <b><i>Y or N</i></b>

### Insurance Information

Primary Insurance:	Secondary Insurance:
Policy# or MA#:	Policy# or MA#:

### Reason for Referral & School District Expectations for Return

<b>Expected Length of Stay:</b>

### Current Medical Information

<i>Current Medications:</i>
<i>Note any Allergies or Medical Conditions:</i>