

STEPS

Supportive Teen Education & Prevention Service
An Alliance of Education, Health and Social Service Agencies
at
CATHOLIC CHARITIES
33-35 Central Avenue
Cortland, New York 13045
(607) 756-5992

From _____ Date _____

Agency _____ Date of Birth _____

Client's Name _____ Cell Phone _____

Address _____ Home Phone _____

Client's due date _____ Dates of previous deliveries _____

Client's supportive person/family _____

Address _____ Phone _____

Services being provided by referring agency _____

Services client already participates in: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> AVV | <input type="checkbox"/> Cortland Works | <input type="checkbox"/> Family Counseling Services |
| <input type="checkbox"/> BOCES | <input type="checkbox"/> Probation | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Car Seat Program | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Jacobus Center |
| <input type="checkbox"/> Cooperative Extension | <input type="checkbox"/> Pediatric care | <input type="checkbox"/> Youth Bureau |
| <input type="checkbox"/> Dept. of Social Services | <input type="checkbox"/> Prenatal care | <input type="checkbox"/> YWCA _____ |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Public Health Nursing | <input type="checkbox"/> Other |

Current School/Grade Level, GED or Graduate _____

Possible barriers to service delivery _____

Reasons for referral _____

Signature _____

Outcome of referral _____

Signature _____