

# Wesley Schools Referral Form



Date of Referral: \_\_\_\_\_

Program of Interest:  Acute  Approved Private School  Private Education  30 Day Assessment  
 45 Day Placement  Kindergarten/School Readiness Program ( Monroeville/ Upper St Clair)  Bridge  ESY

## Child/Adolescent Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_  
\* if not PA, mo/yr moved to PA: \_\_\_\_\_  
Race (optional): \_\_\_\_\_ Sex:  M  F Past Admission to WFS Program:  Y  N  
Current Address: \_\_\_\_\_  
Legal Involvement:  Y  N CYF Involvement:  Y  N

## Parent/Caregiver Information

Primary Caregiver Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact(s): \_\_\_\_\_  
Who Has Legal Custody of Child? \_\_\_\_\_ Are There Custody Documents?  Y  N

## School Information

Current School: \_\_\_\_\_ School Contact: \_\_\_\_\_  
School District: \_\_\_\_\_ PA Secure ID#: \_\_\_\_\_  
Grade: \_\_\_\_\_ Special Ed:  Y  N If Yes, Primary Disability Category: \_\_\_\_\_  
Date of IEP: \_\_\_\_\_ Date of ER/RR: \_\_\_\_\_

## Referral Source

Family in Agreement with Referral?  Y  N

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Insurance Information

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

## Reason for Referral & School District Expectations for Return

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Expected Length of Stay: \_\_\_\_\_

## Current Medical Information

Current Medications: \_\_\_\_\_  
Note any Allergies or Medical Conditions: \_\_\_\_\_