



Partnership for Early Access for Kids (PEAK) Solano

REFERRAL FORM

(Birth – 5 years)

For PEAK Staff

Unique Identifier: _____

Primary Agency: _____

Referral Organization

Referred By: _____ Referral Date: _____
 Organization: _____ Phone: _____
 Email: _____ Fax: _____

Client Information

Child's Name: _____ Gender: M F DOB: _____
 Parent/Guardian: _____ DOB: _____ Phone: _____
 Current Address: _____ City, Zip: _____

Child's Current Living Situation: Parent Grandparents Foster care Other: _____

Child's Health Insurance: Private (specify plan): _____ Medi-Cal or eligible None

Family's Preferred Language (other than English):

| | |
|---------------------------------------|---------------------------------------|
| PARENT/GUARDIAN LANGUAGE | CHILD LANGUAGE |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Child's Primary Ethnicity: Latino Asian Asian Pacific Islander Native American
 African American Caucasian/White Multi-ethnic Other: _____

Reason for Referral (child): _____

Areas of Concern/Strengths

(Family/Environment): _____

Please list any known professionals or agencies that this family is currently working with or has worked with in the past, or agency(s) requested by family:

Services Requested (check all that apply)

While we cannot promise that all requests will be granted, we will do our best to refer you to the most appropriate agency/provider

- Developmental/Mental Health Screening, with follow up Assessment as appropriate
- Parenting Workshops (Short term, maximum 4 hours)
- Parent/Caregiver Coaching (parents and 0-5 children): PCIT, Incredible Yrs. NPP(10 to 20 weeks session)
- Baby Coach Program
- Developmental Peer Groups
- Pregnant/Parenting teen services (group or one on one support)

Consent for Referral

Please tell us if you agree to be referred to one or more of the PEAK partner agencies.

I, _____ (Parent/Guardian's Name), consent to be referred to PEAK for referral to one of the PEAK partner agencies for the indicated services.

Parent/Guardian Signature

Date

Client is unavailable to sign consent to refer but has verbally consented to referral for the indicated services.

Signature of Referring Person

Agency

Date