

**Philadelphia Partnership for Resilience
Screening and Referral Form**

Please send completed referral forms to Cathy Jeong at: cjeong@nscphila.org | 215.893.8400 x1542

***URGENT** **STANDARD**

**Urgent refers to emergency needs, e.g. housing or food*

Date: _____

REFERRING AGENCY:

Referred by: _____ Agency: _____

Phone: _____ Fax: _____ Email: _____

Address: _____
Street City State Zip

PERSON BEING REFERRED:

Name: _____
Last First Middle

Primary Phone: _____ Secondary Phone/Email: _____

Ok to leave message? Yes No

Address: _____
Street City State Zip

Gender: _____ Date of Birth: _____ Current Age: _____ # People in Household: _____

Country of Origin: _____ Ethnicity: _____ Date of Arrival: _____

English Speaker? Yes Some None Language(s) Spoken: _____

Is the client aware of this referral? Yes No

Client is being referred for (*please check all that apply*): Case Management Services Legal Services

DESCRIPTION OF CLIENT NEEDS:

PRIMARY TRAUMA HISTORY:

During the intake process, please ask your client the following questions.

While outside the U.S., was client or family member:

- threatened with injury or death?
- detained, imprisoned, captured or kidnapped?
- physically attacked, beaten, injured, or otherwise harmed?

Reported perpetrators of torture:

- Police Army
- Security Forces
- Other: _____

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OTHER RELEVANT INFORMATION:

FOLLOW-UP (INTERNAL USE ONLY):

Client contacted on: _____

Client contacted by (name): _____

Result:

- Client was unable to be reached
- Client declined services
- Client accepted services and screening is scheduled for: _____

Notes: