



## CHILD FOCUSED-RECRUITMENT REFERRAL FORM WENDY'S WONDERFUL KIDS® and CHILDREN'S SERVICE CENTER OF WYOMING VALLEY, Inc.

Contact: Ashley Campbell Phone: 570-825-6425 ext.316 Fax: 570-301-3308 Email: acampbell@e-csc.org

Referring County:					
County Contact:					
Phone:					
Date of Birth:		SS#:	<del>-</del>	_ <del>-</del>	
<b>Gender:</b> □ Male □ Female	<del>;</del>				
Race:   African American	☐ Caucasian ☐ Asian	☐ Native Amer	rican □ Mul¹	ti-racial □ O	ther
<b>Hispanic:</b> □ Yes □ No □ U	Jnknown				
First Name	MI	Last Name			
PAE #					
County of Residence:		Custodial	Agency Cas	e ID:	
Has TPR occurred?:					
Does the child have any disa	bilities:				
What date did the child initia	ally enter the foster car	e system?			
What was the reason the chil	d entered care?:				
Current Living Situation:	☐ Foster Care ☐ Kins	ship Care □ Res	sidential Trea	atment $\square$ Otl	her
Contact Person:			Phone: _		
Address:					
City:		<b>State:</b>		Zip Code	<b>:</b>
If in a foster home, was the o	child placed there direc	tly by a public a	agency, or th	rough a priva	ate agency?
☐ Public ☐ Private					
If public, what was the mont behalf of this child at the tim				re agency pro	ovided the foster parent on
If private, what was the mon on behalf of this child at the					

\*\* This referral will stand as an agreement that Children's Service Center of Wyoming Valley, Inc., the Wendy's Wonderful Kids® Recruiter and supervisor will have access to the case files of the child to be used for, yet not limited to: the identification of potential permanent resources for the child and the unique needs of the referred child. Additionally, the Wendy's Wonderful Kids® Recruiter will have authority to visit with the child at least monthly for the purpose of, and not limited to: assist the referred child in preparation for permanence and to help identify permanent resource families.