

CRISIS or DHHS REFERRAL FORM (Circle one)

CONFIDENTIAL

DHHS General #: 1-800-452-1999 or 1-207-624-8088

DHHS Skowhegan Office: 1-800-452-4602 or 207-474-4800

When making a DHHS referral it is advisable to get a copy of the **emergency card** and attach it to this form. The DHHS intake worker will ask for information that is on the card.

#

Every staff member is a mandated reporter if reasonable suspicion of suspected abuse exists. Deliberate indifference is a crime.

Date: _____

Name of Child/Children: _____

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Contact with Parent/Guardian: _____ Time and Date: _____

No contact is made with the parent or guardian when the situation is potentially dangerous to the child.

Agency Contacted: _____ Person Taking Referral: _____

Reason for Referral and Action Taken:

Person Making Referral: _____ School: _____

Copies: Superintendent
Building Principal