Pechanga Tribal TANF Program

P.O. Box 1477 • Temecula, CA 92593 • Telephone (951) 770-6000

Individual Applicant Referral Form

Participant Information:

Name:	DOB/Age:	Gender: ☐ Male ☐ Female
Tribal Affiliation:	Home Phone #	Cell Phone #

Do you live on the Pechanga Indian Reservation or within Orange or Riverside County: ☐ Yes ☐ No

Any Special Needs/Disabilities: ☐ Yes ☐ No	If yes, explain:
Date of Referral:	Do you consider it to be ☐ Urgent or ☐ Routine

If you are a Minor (under 18 years):

Have you discussed this referral with your parent or guardian who holds parental responsibility? ☐ Yes ☐ No *(If you answered No, please explain why you think it is in the minor's best interest to proceed without doing so.)*

Name of Primary Parent/Caregiver:	Relationship to Minor:	
Contact Information for Parent/Caregiver:	Home Phone #	Cell Phone #

Identified Risk Factors: (please select all that apply for this referral)

☐ Absent Parent	☐ Physical Abuse	☐ Neglect
☐ Substance Use	☐ Emotional Abuse	☐ Domestic Abuse
☐ Homelessness	☐ Parental Health/Disability	☐ Sexual Abuse
☐ Depression	☐ Truancy from School	☐ Suspended/Expelled from School
☐ Self-Harm (has hurt or cut oneself)	☐ Thoughts about Killing oneself	☐ Bullying/Online Safety
☐ Other (Please Provide Details)		

Services Being Requested? (please select all that apply for this referral)

☐ Individual Counseling ☐ Parenting Classes ☐ Prevention Services ☐ Cash Assistance ☐ Emergency Services

☐ Couples Counseling ☐ D.V. Counseling ☐ Education Services ☐ Support Services ☐ Cultural Services

Please Explain any Requested Services:

Are you Working with any Departments within the Tribe Already?

Name of Professional	Agency Name	Agency Role	Contact Details

Details of Referral: Staff Only

Referral Delivered Via: ☐ Phone (emergency only) ☐ E-mail ☐ In Person ☐ Interoffice Mail

Follow-up Expected Via: ☐ Phone (emergency only) ☐ E-mail ☐ In Person ☐ Interoffice Mail (By Date)?

Name and Signature of Recipient:	Date: