



Pechanga Tribal TANF Program

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

Pechanga Interagency Referral Form

Referring Department:			
Name of Referrer:		Job Title:	Department:
Email:		Date of Referral:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent
Client Information:			
Name:		DOB/Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Tribal Affiliation:		Home Phone #	Cell Phone #
Do they live on the Pechanga Indian Reservation or within Orange or Riverside County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Special Needs/Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
<i>If the client is a Minor (under 18 years):</i>			
Have you discussed this referral with all those who hold parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answered No, please explain why you think it is in the minor's best interest to proceed without doing so.)</i>			
Name of Primary Parent/Caregiver:		Relationship to Minor:	
Contact Information for Parent/Caregiver:		Home Phone #	Cell Phone #
Reason for Referral/Background Information:			
How was contact initiated? <input type="checkbox"/> Client <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School/Teacher <input type="checkbox"/> Tribal Court <input type="checkbox"/> Other			
Are there any issues we should be aware of when contacting parents/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain below):</i>			
Why are you referring this client? What has happened? What are the concerns based on? <i>(explain below)</i>			
What Agencies Need to be Involved?			
Name of Professional	Agency Name	Services Being Requested	Contact Details
<i>Please Explain any Requested Services:</i>			
Details of Referral: Staff Only			
Referral Delivered Via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> E-mail <input type="checkbox"/> In Person <input type="checkbox"/> Interoffice Mail			
Follow-up Expected Via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> E-mail <input type="checkbox"/> In Person <input type="checkbox"/> Interoffice Mail (By Date)?			
Name and Signature of Recipient:			Date: