



Pechanga Tribal TANF Program

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

Request for Counseling Services

1. Participant Information:

Name:	DOB:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Request:	Do You Consider the Request to be? <input type="checkbox"/> Routine or <input type="checkbox"/> Urgent		
Contact Phone #	Email:		
Is the applicant an enrolled member of Pechanga:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tribal affiliation, if not a Pechanga member:			
Do you live on the Pechanga Indian Reservation or within Orange or Riverside County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the applicant attend Pechanga School: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you want them to be seen during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Special Needs/Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:		
What is your availability?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		

2. Services for a Minor (Under 18 Years):

Have you discussed this referral with your parent or guardian who holds parental responsibility? (If you answered no, please explain why you think it is in your best interest to proceed without doing so)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Primary Parent/Caregiver:	Relationship to Minor:
Contact Phone # for Parent/Caregiver:	

3. Identified Risk Factors: (Please Select All that Apply to this Request)

<input type="checkbox"/> Absent Parent	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Neglect
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Parental Health/Disability	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Depression	<input type="checkbox"/> Truancy from School	<input type="checkbox"/> Suspended/Expelled from School
<input type="checkbox"/> Self-Harm (has hurt or cut oneself)	<input type="checkbox"/> Thoughts about Killing Oneself	<input type="checkbox"/> Bullying/Online Safety
<input type="checkbox"/> Other (please provide details)		

4. Services Being Requested? (Please Select All that Apply to this Request)

<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Couples Counseling	<input type="checkbox"/> Family Counseling	<input type="checkbox"/> D.V. Counseling	<input type="checkbox"/> Parenting Classes
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5. Are You Working with any Departments Within the Tribe Already?

Name of Professional	Agency Name	Agency Role	Contact Details

TANF Staff Only

Request Delivered Via: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In-Person <input type="checkbox"/> Interoffice Mail	
Follow-up Expected Via: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth/Zoom	
Name and Signature of Recipient:	Date: