



Albany County Department for Children, Youth and Families  
**INTAKE FORM FOR PREVENTATIVE SERVICES REFERRALS**

**REFERRAL SOURCE INFORMATION:**

Date: \_\_\_\_\_

Referral Source Name: \_\_\_\_\_ Title/Role with Family: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/Ext.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CASE INFORMATION:**

**Mother:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Children's Name(s)	Sex	DOB	Age	Axis I - Axis V

Other Household Members	DOB	Age	Relationship to Family

Presenting Problem (be specific):

Brief Family History/any CPS Indicated History/Current Social Functioning:

Agencies Currently/Past Involved with the Family:

*Please include a contact person and telephone number and schools if appropriate.*

Service Needs/Treatment Recommendations:

Email completed form to: [cypventionservices@albanycountyny.gov](mailto:cypventionservices@albanycountyny.gov)  
**Include any Court Ordered documents or Assessments if appropriate.**

If email is not available please mail or fax completed form to:

Albany County Department for  
Children, Youth and Families  
Prevention Unit, 3rd floor  
112 State Street, Albany, NY 12207  
Fax: (518) 447-7766