



Prairie View Prevention Services, Inc. Agency Referral Form –
THREAT ASSESSMENT

PVPS, Inc. 822 E. 41st St., Suite #235, Sioux Falls, SD 57105

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Name of School: _____

Child's Name: _____ **DOB:** _____

Child's Home Address: _____

Parent(s)/Guardian(s): _____

Phone #: (h) _____ (w) _____ (other) _____

Presenting Issue:

Please use back of form or second sheet if necessary

Please complete ENTIRE section:

1) Referring for: Threat Assessment _____ _____

2) Whom to contact to set up appointment:

Parent/guardian Counselor Student Other _____

Phone #: (h) _____ (w) _____ other: _____

Best Time to Contact _____

3) Time of day student/family can meet: Mornings Afternoons Evenings Saturdays

4) Referring to: Male Counselor Female Counselor No Preference

5) Additional paperwork regarding the client attached Yes No

6) Submitted by: _____ 7) Date: _____

7) Phone #: _____ 8) E-mail address: _____

Consent for Information Disclosure – Parent/Guardian Signature Required

I, _____ hereby authorize the exchange/release of information between PVPS and myself. The purpose of and need for disclosure is to set up assessment and/or counseling sessions. I understand that communication via **Phone (Number: _____)** or **E mail (E mail Address: _____)** will be used and messages may be left. I understand that this consent will remain in effect and cannot be revoked by me until six months from date of signing.

Dated: _____

Parent/Guardian

Signature(s)

For PVPS office use only:

Referred to:

Date:

PVPS Staff Member:

* Follow Through: Y/N

Discharge date:

Chart #: