

## Schuylkill County CASSP Referral

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*To refer a child or adolescent for a meeting the following items need to be completed:*

1. Complete the referral sheet.
2. Complete the exchange of information with appropriate signatures. Please review CASSP team members with the child and family so they are aware of all the agencies involved in these meetings.
3. Forward both documents to: CASSP Coordinator – Tara Mercuri  
Fax: 570-621-2893 **OR** Email: [tmercuri@co.schuylkill.pa.us](mailto:tmercuri@co.schuylkill.pa.us)
4. Contact the CASSP Coordinator at 570-628-1797 to schedule the meeting. Please note that meetings are held on Wednesdays.
5. After the meeting is scheduled, **it is the responsibility of the referral source to contact parents/guardians and any other agencies and individuals involved with the child. Remember to invite the home school district as well as a representative of their current school.**
6. **All meetings are currently being held via Zoom. Once scheduled, a Zoom link will be sent to the referral source to share with parent/guardian and/or anyone else invited by referral source.**

### CASSP Team Members:

Child or Adolescent, Parents and Family Members

CASSP Coordinator – Tara Mercuri

Schuylkill IU#29 – Larissa Russell

Community Care Behavioral Health (CCBH) – Kristie Thorpe and Jen Hartz

Children & Youth Services – Carl Rumbel

Service Access & Management – Amanda Furmanchin and Brandon Kutz

Juvenile Probation – Stacy Schlauch

- Other team members across agencies and services attend meetings to maximize benefits for the child and family. This includes representatives from the child's school district.

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**Youth's Name:**

**Youth's DOB:**

**Name of parent/guardian:**

**Phone#:**

**Address:**

**Who has custody of the youth?**

**CASSP REFERRAL MADE BY:**

**Household Composition:**


**Reason for Referral/Areas of Concern:**


**Current Diagnosis** *(please include any medical concerns):*


**Current Medications:**


**Current Providers:**


**Past Services :**


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**Educational Information:**

Grade:	School District:
Educational Placement:	
Identify any school specific concerns:	

**Child/Family Strengths:**


**Additional Information:**


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### EXCHANGE OF INFORMATION:

The specific purpose of the CASSP Team Meeting is to develop of a coordinated service plan. The team consists of members from the child-serving agencies in the county and we encourage any service providers involved with your child be invited. You are also encouraged to invite anyone you feel is important in your child's life (relative, coach, friend, pastor, etc.)

I, \_\_\_\_\_ authorize the Schuylkill County CASSP Team members to exchange verbal and written information concerning \_\_\_\_\_. The information to be exchanged is for the purpose of coordinating treatment or service pertaining to my child's needs. This consent will not exceed twelve (12) months from the signature date. I understand that in order to protect the limited confidentiality of records, my consent to obtain or exchange information is necessary. I understand that without my consent, regulations prohibit certain information from being released by the agencies. By written statement, I may withdraw my permission at any time.

\_\_\_\_\_  
Child Signature (14 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date