

Schuylkill County CASSP Referral

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.
3. Forward both documents to: CASSP Coordinator – Cara Tran
Fax: 570-621-2893 **OR**
Email: ctran@co.schuylkill.pa.us
4. Contact the CASSP Coordinator at 570-628-1795 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 will be held at the MH/DS office unless otherwise specified.

410 N Centre St.
Suite 2
Pottsville, PA 17901

**** DUE TO COVID-19, ALL CASSP MEETINGS WILL BE HELD VIA TELEPHONE UNTIL FURTHER NOTICE** PLEASE NOTE THE NEW CALL IN INFORMATION AS THIS HAS RECENTLY CHANGED.****

The conference line is also available for those unable to attend in person:

1-877-304-9269 Meeting Code: 915856

CASSP Team Members:

Child or Adolescent, Parents and Family Members	CASSP Coordinator – Cara Tran
Schuylkill IU#29 – Larissa Russell	Drug & Alcohol – Kathy Repsher
Community Care Behavioral Health – Kristie Thorpe	Children & Youth Services – Kevin Lally
Service Access & Management – Shannon Stefanisko	Juvenile Probation – Stacy Schlauch
Service Access & Management – Joe Salem	

- Other team members across agencies and services attend meetings to maximize benefits for the child and family.

Schuylkill County CASSP Referral

Youth's Name:

Youth's DOB:

Name of parent/guardian:

Phone#:

Address:

Who has physical custody of the youth?

Who has legal custody of the youth?

Household Composition:

Reason for Referral/Areas of Concern:

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

Current Medications:

Current Providers:

Schuylkill County CASSP Referral

Educational Information:

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

Child/Family Strengths:

Past Services :

Additional Information:

Schuylkill County CASSP Referral

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