



255 18<sup>th</sup> Street SE, Hickory, NC 28602  
(828) 327-6633 / Fax (828) 327-3385

## DSS REFERRAL FORM

**Indicate the requested evaluation:**

**Parental Capacity**     **Psychosexual**     **Neuropsychological**

Client Name:

DOB:

Address:

Phone (home):

(cell):

Assigned Social Worker:

SW phone number:

SW email address:

SW fax number:

Supervisor's name:

Supervisor's phone number:

**DSS County:**

Alexander  Burke  Caldwell  Catawba  Gaston  Iredell  Lincoln  McDowell  Yancey  
 Other:

List of children's names, ages, and current placement:

When were the child/children removed from the home?

State how DSS became involved in this case and whether there has been past DSS involvement:

Provide information about the Department's specific concerns related to this case.

Indicate whether there has been a substantiation of abuse or neglect.

**\*\*For all referrals, attach relevant documentation including: juvenile petition, court reports, court orders**

**\*\*Referrals for psychosexual evaluations must include an official criminal history report and details of current allegations.**