



255 18th 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.**