

**Dochas Agency Support Form** (must be attached to main Referral Form)

Indicate which of the following agencies are currently or previously involved:

Agency	Update/Report/Comment	Currently Involved Yes/NO	Last Involved When?
CAMHS			
Primary Care			
Assessment of Need			
Supports through school SCP/ Therapy/ HSCL/ Parenting Programs			
NEPS			
Education Welfare			
Social Work/Child Protection & Welfare/Foster Care			
Other Community Support Services			
Other Counselling or professional support service			

Note: attach any reports and/or assessments

Parent/Legal Guardian Signature: ..... Date: .....

**Note: If the child is placed in Foster Care we cannot accept a referral without the written Consent of the allocated Social Worker.**