



**allegheny
children's initiative**
Hope starts here

Allegheny Children's Initiative Administrative Service Coordination Referral Form

Date _____

This referral form and applicable documents are to be emailed to the ACI Intake Services Coordinator at ACI-Intake@PFQ.org or fax to 412-431-8124. All sections of this document must be completed thoroughly- items should not be left blank- please indicate N/A where appropriate.

****Attach the child's most recent psychological / psychiatric evaluation or IBHS written order, if available.****

Service Participant Demographics			
First Name	Last Name	Preferred Name	
Pronouns She/Her He/Him They/Them Ze/Zim Other:	Sex assigned at birth Male Female	Primary Language Interpreter needed: Yes No	
Social Security Number (required)	Age	Date of Birth	
Gender Identity Male Female Trans Male Trans Female Non-Binary Choose not to disclose Other (please specify) _____		Race (choose one) White/Caucasian Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Island More than one race:	
Ethnicity Hispanic/Latino Non-Hispanic Tribal Affiliation Unknown			

Service Participant smoking (tobacco/nicotine) status		
Current	Former	Never
Health Insurance Provider	Medical Assistance or ID #	Other/secondary insurance
Address (including zip code)		
Parent/Guardian Name	First	Last
Phone number	Email address	
Other Parent/Guardian Name	First	Last
Phone number	Email address	
If Custody Agreement	If Legal Guardian	If Guardian, relationship type
Court paperwork included	Court paperwork included	Medical/Education guardian
YES NO	YES NO	Permanent legal custodian
		Guardian ad litem

List all services currently being provided to service participant			
Provider Agency	Service	Contact Person	Phone and Email

Reason for referral: Indicate specific reason how Service Participant could benefit from Administrative Service Coordination

Print Name _____

Date _____

Relationship to Client _____