



Referral Request Form

Participant Information

Today's date: ____/____/____

First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: ____/____/____

Phone Number: (____) _____ - _____

Email: _____

Reason for Referral: _____

Client Advocates are required to keep your information CONFIDENTIAL (private) except in the following cases:

- Select information may be shared with a supervisor only to ensure that your needs are being properly met.
- Due to concern for safety and/ or Ohio State Law, PPRC must report knowledge or suspicion of a client who is suicidal, homicidal, abusing a minor, or a minor being abused.
- If PPRC has knowledge of a crime, Ohio State Law requires us to report such instances to a law enforcement agency for further investigation.
- If a client requests to be referred to other community agencies, PPRC may be required to disclose client's personal information with these agencies.

I hereby give Pregnant with Possibilities Resource Center permission to disclose my personal information with other community organizations/agencies so that I can receive their services. I request services related to pregnancy provided by Pregnant with Possibilities Resource Center at no charge. I am intentionally seeking these services for my own benefit therefore, I release PPRC and its paid and volunteer staff for all liability arising out of or connected with my services.

Print Name: _____

Signature: _____ Date: ____/____/____

If under 18, Guardian must sign

Parent Signature: _____ Date: ____/____/____



Referral Agency Information

Referral Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Referral Agency Contact Name: _____

Agency Services Overview: _____

Appointment Date: ____/____/____

Additional Comments or Notes: _____

- I hereby understand and accept that this agency will be providing services for the above-mentioned client on behalf of Pregnant with Possibilities (PPRC) at no cost to PPRC. I understand that PPRC is not liable for any information disclosed between this agency and the client at the time of service.

Contact signature: _____ Date: ____/____/____

To submit please send to staff@pregnantwithpossibilities.com

Pregnant with Possibilities Resource Center

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(216)510-5101