

Parent Child Assistance Program (PCAP) Referral Form



Please send completed form to PCAP by email, fax or mail to:

PCAP - Triumph Treatment Services
801 Summitview Avenue, Yakima, WA 98902
Email: khitchcock@triumphtx.org
Phone: (509) 907-1105
Fax: (509) 571-1090

Referral Source

Referral Date:

Agency:

Agency Address:

Employee Name:

Phone Number:

Referral Information

Full Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone:

Pregnant

Due Date:

Postpartum

Delivery Date:

Total number of children:

CPS Involvement: Yes No

Social Worker Name:

Drug Use

What substances were used during pregnancy?:

How often?:

Date of last use?:

Service Coordination

Client is currently connected to the following services:

CPS

Public Health Nurse

Drug or Alcohol Treatment

DSHS/TANF

Prenatal Care

Public Housing

Legal/Criminal

Domestic Violence Services

Drug Court

Case Management

SSI

AA/NA Support Group

Mental Health

Home Visitation Program

Family Doctor or OB-GYN

Name of Physician:

Other Notes: