

Referral Form for Adoption Preparation Group



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Caseworker name:		Caseworker phone #:	
Caseworker e-mail:			
Child's name:	Grade:	DOB:	
Names and ages of siblings in care:			
Mother's legal status:		Father's legal status:	
Case #:	Type of placement (CC, Rel or A/C):		
Date of current placement:			
Anticipated date of move to adoptive home:			
Care provider's name(s) and address:		Phone:	
Child's Counselor:		Phone:	
Address:			
Special needs, issues, and considerations regarding participation:			
Please mail the following completed and signed forms available @ www.jeanvanlue.com *Referral *Professional Disclosure Statement *Consent for Participation You may fax to 503-371-2912 if you would like to do so, but please mail originals also.			