



## S.T.E.P. Center

**Pamela Resch, Director**

355 S. FAYETTEVILLE STREET UNIT A  
ASHEBORO, NC 27203  
Tel: (336) 683-8226  
Fax: (336) 683-8207

# REFERRAL FORM

Participant's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Participant's School/ Grade: \_\_\_\_\_

Participant's Parent/Guardian's Name: \_\_\_\_\_

Participant's Street Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Referral Agency Contact Name: \_\_\_\_\_

Referral Agency Contact Phone: \_\_\_\_\_

Referral Agency Email Address: \_\_\_\_\_

Referral Reason: \_\_\_\_\_

**Program Requested:** \_\_\_\_\_

\_\_\_\_\_ Date Return back to school \_\_\_\_\_

Please fax completed referral sheet to 336-683-8207 or email to  
[Pamela.Resch@randolphcountync.gov](mailto:Pamela.Resch@randolphcountync.gov)