



Formerly known as
Camp Opportunity, Inc.

Child Referral Form

Referral Guidelines

1. To refer a potential child, please complete and return this form by mail or fax (58 Parkway Commons Way, Greer, SC 29650, or 864.335.8003).
2. Referral must come from DSS, the school, or other official agency/organization.

Child Information

Child Name: _____ Birth Date: _____

Parent/Legal
Guardian
Name: _____

E-Mail Address: _____ Phone No: _____

Referral Information (MUST be an official entity)

Name: _____

Title: _____

Organization/Agency: _____

Phone No: _____

Email: _____

Qualifying Factors (Check ALL that Apply)

- Abuse – DSS.1**
(Either current/active case or closure of a former case within the past year with DSS or other child welfare agent)
- Abuse – DSS.2**
(Former case with DSS or other child welfare agent)
- Abuse - General** *(no DSS intervention)*
- Neglect – DSS.1**
(Either current/active case or closure of former case within the past year with DSS or other child welfare agent)
- Neglect – DSS.2**
(former case with DSS or other child welfare agent)
- Neglect – General** *(no DSS intervention)*
- Foster Care** *(current case with DSS)*
- Abandonment**
- Parental addiction**
- Intimate Partner Violence (domestic violence) in the home**