



**Referral Information**

**Please fill in form, save or print and email to  
ADASSIST@dps.ohio.gov**

Date of Referral:

Name:

Agency:

Address:

Date of incident:

Brief explanation of incident:

Attended own agency's critical incident assistance?

Has attended a PCIS in the past?

Date of session:

Is spouse planning on attending?

Notes:

\*\*\*\*\*  
\* **FOR OFFICE USE ONLY:** \*  
\* Date participant contacted by Ohio ASSIST: \_\_\_\_\_ Ready for PCIS? Y / N \*  
\* Previous PCIS? Y / N Location: \_\_\_\_\_ \*  
\* Date/location of PCIS referred to: \_\_\_\_\_ Received registration? Y / N \*  
\* Travel request needed (OSHP only)? Y / N Date travel submitted: \_\_\_\_\_ Travel Approved? Y / N \*  
\* \*\*\*\*\*