



Pueblo of Santa Ana
Department of Social Services
02 Dove Road
Santa Ana Pueblo, NM 87004
Office: 505-771-6765 Fax: 505-771-6537

SANTA ANA SOCIAL SERVICES ASSISTANCE REQUEST

(IF THE PERSON YOU ARE CALLING ABOUT IS IN IMMEDIATE DANGER, PLEASE CALL 911!!!)

YOUR CONTACT INFORMATION:

Name: _____ Date: _____
Address/Phone #: _____

ORGANIZATION (IF ANY):

Program Name: _____

WHO ARE YOU REFERRING?

NAME: _____
DOB: _____
Parents/Caretakers Name (if applicable): _____
Address/Phone #: _____
Email: _____

REPORT/REFERRAL REGARDING:

CHILD ABUSE/NEGLECT ELDER ABUSE/EXPLOITATION
 DOMESTIC VIOLENCE FAMILY SUPPORT/HELP Other

Court Case/Police Report # (if applicable): _____

**PLEASE BRIEFLY DESCRIBE THE CIRCUMSTANCES WHICH LED TO THIS REPORT/REFERRAL.
(Someone from Social Services will be contacting you for a follow up and more detailed information.)**

Services Requested:

Investigation Crisis Intervention Counseling Support Group Advocacy Parenting
 Child Care Tutoring Other _____

Official Use Only:

Date received: _____ Time: _____ Initials: _____
Screened: In Out