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| **Referral Date:** | | Click or tap to enter a date. | | | | | | | | **Referral Source:** | | | | | | | | | |  | | | | | | |
| **Agency Name:** |  | | | | | | | | | | | | **Phone Number:** | | | | | | | | |  | | | | |
| **Referral Source Email Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Child’s Last Name:** | | | | |  | | | | | | | | | | | **Child’s First Name:** | | | | | | | |  | | |
| **Child’s DOB:** | | | | Click or tap to enter a date. | | | | | | | | | | | **Gender:** | | | | | | Choose an item. | | | | | |
| **Racial/Ethnic Identity:** | | | | | | Choose an item. | | | | | | | | | | | **Social Security #:** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Caretaker(s) Name:** | | | | |  | | | | | | | | | | | | | | | **Relationship to Child:** | | | | |  | |
| **Address (w/City, State & Zip Code):** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Home Phone #:** | | | |  | | | | | | | | | **Alternate Phone # and/or Email:** | | | | | | | | | |  | | | |
| **Other People in the Home:** | | | | | | | | | | | | | | | | | | **Relation to Child:** | | | | | | | | **Age:** |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
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| **Is the child adopted?** | | | | | | | **Yes** **No** | | | | **Interpreter needed? Yes What language?** | | | | | | | | | | | | | | | |
| **Type of Insurance (Child):** | | | | | | | **Medicaid** | | | | | | **Private Insurance** | | | | | | | | | | **No Insurance** | | | |
| **Family Structure:** | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **Where is the child living at this time?** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Who currently has custody of the referred youth?** | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Is the child currently at-risk for out of home placement? (If yes, please explain the risk below)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current School Information:**  **Please check if child has an IEP/504 plan** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School District:** | | |  | | | | | | | | | **Grade Level and School Attending:** | | | | | | | | | |  | | | | |

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| **Criminal Adjudication:** | | | | |
| **None** | | **Misdemeanor** | **Felony** | **Pending** |
| **Charge(s) and upcoming court dates:** |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Current System Involvement:** | | | | | |
| **Systems Involved** | | **Contact Info - Name & Phone #**  **(For ADAMH include the agency name)** | | **Indicate Involvement (check if known)** | |
| **FCCS** |  | | **VPS**  **COPS**  **Custody** | | |
| **Juvenile Court** |  | | **Probation**  **Court Program** | | |
| **Behavioral Health Agency** |  | | **CSP/CPST** | | **Counseling** |
| **Day TX.** | | **Psychiatric** |
| **Other:** | | |
| **FCBDD** |  | | **Service Coordination** | | |
| **DYS** |  | | **Parole** | | |
| **List other agencies/services involved and contact information:** | | | | | |

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| **Complete the following information as it pertains to the child:** | | | | | | | | | | | | | | |
| **Mental Health Diagnosis:** | | | | | | | | | | | | | | |
|  | ADD/ADHD |  | Mood D/O | | | | | |  | PTSD | |  | | Disruptive Mood Dysregulation D/O |
|  | Depression |  | Conduct D/O | | | | | |  | Psychosis | |  | | Other: **(list below)** |
|  | Attachment D/O |  | Oppositional Defiant D/O | | | | | |  | Schizophrenia | |  | | |
|  | Bipolar D/O |  | Obsessive Compulsive D/O | | | | | |  | Anxiety D/O | |
|  | | | | | | | | | | | | | | |
| **DD Diagnosis:** | | | | | | | | | | | | | | |
|  | Severity Unknown |  | | Mild (IQ 55-69) | | |  | Moderate (IQ 41-55) | | |  | | Severe (IQ 27-41) | |
|  | Autism Spectrum D/O | | | |  | Other Developmental Disability | | | | | | | | |
| **DX: (please list)** | | | | | | | | | | | | | | |

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| **Additional Placement History Information:** |
| **List the placement history –**  **when & where (hospitalizations, residential, foster care, DYS, DH):** |
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| **Complete the following information as it pertains to the child’s behavior(s):** | | | | | | | | | |
|  | Behaviors dangerous to self | | |  | Severe sibling conflict | | |  | Running away |
|  | Self-mutilation | | |  | Problems in peer relationships | | |  | Poor hygiene |
|  | Suicidal Ideation | | |  | Poor social skills | | |  | Enuresis |
|  | Homicidal Ideation | | |  | Problems in school | | |  | Encopresis |
|  | Domestic Violence, alleged perpetrator | | |  | Destruction of property | | |  | Sleep disturbance |
|  | Domestic Violence, alleged victim | | |  | Unlawful conduct | | |  | AOD exposed |
|  | Assaultive Behavior | | |  | Stealing | | |  | Hyperactivity |
|  | Non-compliance with authority | | |  | Cruelty to animals | | |  | Alcohol abuse |
|  | Severe parent/child conflict | | |  | Problem Sexual Behavior | | |  | Drug abuse |
|  | Experienced complex developmental trauma | | | | |  | Other health related issues | | |
| **Other health related issues (please list)** | | | | | | | | | |
|  | | | | | | | | | |
| **Complete the following information as it pertains to the Parent(s)/Caregiver(s) behaviors/situation: - indicate whether Current behavior (C) or History of behavior (H).** | | | | | | | | | |
| **C** | **H** | **Issues:** | **Whom:** | | | | | | |
|  |  | Substance Abuse Issues |  | | | | | | |
|  |  | Unemployed |  | | | | | | |
|  |  | DD Issues |  | | | | | | |
|  |  | Domestic Violence |  | | | | | | |
|  |  | Previous FCCS Case Opened |  | | | | | | |
|  |  | Missing Parental Figure |  | | | | | | |
|  |  | Mental Health Issues |  | | | | | | |
|  |  | Housing Problems |  | | | | | | |
|  |  | Family living in poverty |  | | | | | | |

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| **Narrative Section –**  **What are the strengths of this child and family?** |
|  |
| **In what ways would FCFC Service Coordination benefit this family?** |

**\*If you have any or all of the following documents, please include them with this referral:**

* **ISP, School IEP, Behavioral Support Plan, Developmental and Social History, and/or Psychological Evaluation current within 12 months**

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