|  |  |  |  |
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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:** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **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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