

# FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL

*Empowering multisystem youth and their families to thrive in the home and community through coordination of resources, building upon family strengths and advocacy efforts*

## REFERRAL FORM

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral Source Email Address: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Gender:  Male  Female

Racial/Ethnic Identity: \_\_\_\_\_

Primary Caretaker(s) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (w/City, State & Zip Code): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Other People in the Home: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

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|   |          |                   |              |
|---|----------|-------------------|--------------|
| Is the child adopted?                   | Yes      | No                |              |
| 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 placement? (If yes, what is the risk? Answer below)

**CURRENT SCHOOL INFORMATION:** \_\_\_\_\_ IEP/Special Education \_\_\_\_\_

School District: \_\_\_\_\_ School Attending: \_\_\_\_\_

|                               |             |        |         |
|-------------------------------|-------------|--------|---------|
| <b>CRIMINAL ADJUDICATION:</b> |             |        |         |
| None                          | Misdemeanor | Felony | Pending |
| Charge(s): _____              |             |        |         |

|  |  |  |                 |
|--|--|--|-----------------|
| <b>CURRENT SYSTEM INVOLVEMENT:</b>     |  |  |                 |
| <b>Systems Involved</b>                | <b>Contact Info - Name &amp; Phone #<br/>(For ADAMH include the agency name)</b> | <b>Indicate Involvement (check if known)</b> |                 |
| 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: |  |  |                 |

|  |                          |               |                                   |
|--|--------------------------|---------------|-----------------------------------|
| <b>Complete the following information as it pertains to the child:</b> |                          |               |                                   |
| <b>Mental Health Diagnosis:</b>  |                          |               |                                   |
| 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 | Eating D/O    |                                   |

|                      |                 |                                |                   |
|----------------------|-----------------|--------------------------------|-------------------|
| <b>DD Diagnosis:</b> |                 |                                |                   |
| 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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| <b>ADDITIONAL PLACEMENT HISTORY INFORMATION:</b>   |
| List the placement history – when & where (hospitalizations, residential, foster care, DYS, DH): |

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| <b>Complete the following information as it pertains to the child's behavior(s):</b> |  |                                |                   |
|--|--|--------------------------------|-------------------|
| 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)**

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**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).**

| <b>C</b> | <b>H</b> | <b>Issues:</b>            | <b>Whom:</b> |
|----------|----------|---------------------------|--------------|
|          |          | Substance Abuse Issues    |              |
|          |          | Unemployed                |              |
|          |          | DD Issues                 |              |
|          |          | Domestic Violence         |              |
|          |          | Previous FCCS Case Opened |              |
|          |          | Missing Parental Figure   |              |

|  |  |                          |  |
|--|--|--------------------------|--|
|  |  | Mental Health Issues     |  |
|  |  | Housing Problems         |  |
|  |  | Family living in poverty |  |

**Narrative Section –  
What are the strengths of this 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 Psycho