FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL – REFERRAL FORM

Referral Date: _____ **Referral Source's Name:** _____

Referring Agency: _____ **Phone Number:** _____

RS Email Address:

Please provide the following information for the youth being referred:

Last Name: _____ **First Name:** _____

Date of Birth: _____ **SSN:** _____ **Gender:** Choose an item.

Race: Click here to enter text. **Is the youth Hispanic/Latino?** Choose an item.

Type of Insurance (youth): Choose an item.

Primary Caretaker(s) Name(s): _____

Relationship to youth: _____ **Is the youth adopted?** Choose an item.

Address **City/State** **Zip Code**

Home Phone #: _____ **Alternate Phone #:** _____

Additional People in the Home:	**Relation to Child:**	**Age:**

Living Structure:		**Where is the youth living at this time?**		**Who has custody of the youth?**	
	Two-parents (Biological, Adoptive, Step)		Family/Friend/Relative		Family
	Single Mother		Independent/Transition Living		Relative/Friend
	Single Father		Foster Care		FCCS
	Extended Family (relatives)		Group Home		Court(DYS)
	Foster Parents		Restrictive Living (DYS, DH, ICC Hosp, Residential)		Other:
	No Family or Other:				

Current System/Agency Involvement: (For Mental Health Agency also include the agency name)

System(s) Involved		**Contact Information: Worker's Name & Phone #**	**Level of Involvement**
	Child Protective Services (FCCS)		Choose an item.
	Juvenile Court		Choose an item.
	Mental Health Agency		Choose an item.
	Board of Developmental Disabilities		Choose an item.
	Department of Youth Services		Choose an item.

List other agencies/services involved that are not listed above:
Click here to enter text.

Placement History: (Is the youth at-risk for placement or have a history of out-of-home placements?)
Click here to enter text.