

Return completed form to Rachel Layne (FCFC Coordinator) at rachel.layne@jfs.ohio.gov

Youth Name (first	and last):	Referral Date:								
Social Security #:		Da	ate of Birth:							
Age:	Gender:	Pronouns:	Race:							
Youth's Address:										
Caregiver 1:										
Parent d Same as youth add Email:	Guardian Name: dress? 🗌 Yes No I	f no, address:	Relationship:							
Phone Number 1:		Phone 2:								
Caregiver 1 has me	edical consent for youth?	Yes No								
Caregiver 2:										
Parent Same as youth add Email:	Guardian Name: dress? 🗌 Yes 🗌 No I	f no, address:	Relationship:							
Phone Number 1:		Phone 2:								
Caregiver 2 has mo	edical consent for youth? [Yes No								
Are translation se	rvices/other accommodatio	ns needed for youth/car	egiver to support their involvement?	Yes No						
If yes, language or	type of accommodations:									
Other family mem	bers in the home:									
Who referred this	youth/family?									
Agency:		Phone:								
Email:										
What other agencies are involved in the care of the youth? (Provide name of agency/provider below)										
Board of DD		Children Services	Which county?							
Early Intervention		Juvenile Justice								
Headstart		Physician/Hospital	Physician/Hospital							
Health Departmen	t	Mental/Behavioral Health								
Opportunities for Ohioans with Disabilities WIC										

Current Providers: Agency Name	Direct Contact Name		Phone # or Email	
outh's primary care physician:				
outh's insurance provider:				
las the youth ever been in any out-of-home placemen	ts (not including respite care)?	Yes	No	
Has the youth ever been in a residential placement?	/es No			

Is the youth at risk of a residential placement? Yes No Youth diagnoses:

If there have been any out-of-home placements, provide placement locations and dates:

Youth medications:

If over 18, is youth living independently? Yes No									
Previously adopted?	Yes	No	Date a	doption wa	as finalize	d:			
School name:									
Current grade:				School pla	cement:	Gene	ral education	Special education	
Is youth on an IEP?	Yes	No							
Does the youth have a 504 accommodation? Yes No									
Is the youth at risk for Truancy Court? Yes No									
Reasons for not attending school:									
Family size Fa	amily's gro	ss MONTH	LY inco	me \$		(exclu	ding child support)		
Has Consent and Rele	ease of Info	ormation b	een sig	ned?	Yes	No	Date signed:		

How would the youth benefit from a multi-system team? What is the desired outcome from participation in Service Coordination?

Precipitating events leading to this referral:

What services and supports have been utilized to date?

Additional information we should know as a part of this referral: