Delaware County FAMILY CHILDREN FIRST COUNCIL

Referral Form

Youth Name (first and last): **Referral Date:**

Social Security #: Date of Birth:

Age: Gender: Pronouns: Race:

Youth's Address:

Caregiver 1:

☐ Parent ☐ Guardian Name: Relationship:

Same as youth address? ☐ Yes ☐ No If no, address:

Email:

Phone Number 1: Phone 2:

Caregiver 1 has medical consent for youth? ☐ Yes No

Caregiver 2:

☐ Parent ☐ Guardian Name: Relationship:

Same as youth address? ☐ Yes ☐ No If no, address:

Email:

Phone Number 1: Phone 2:

Caregiver 2 has medical consent for youth? ☐ Yes ☐ No

Are translation services/other accommodations needed for youth/caregiver to support their involvement? ☐ Yes ☐ No

If yes, language or type of accommodations:

Other family members 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 ☐

Health Department ☐ Mental/Behavioral Health ☐

Opportunities for Ohioans with Disabilities ☐ OhioRISE ☐ Tier?

WIC ☐

Current Providers: Agency Name	Direct Contact Name	Phone # or Email

Youth's primary care physician:

Youth's insurance provider:

Has the youth ever been in any out-of-home placements (not including respite care)? Yes ☐ No ☐

Has the youth ever been in a residential placement? Yes ☐ No ☐

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

Is the youth at risk of a residential placement? Yes ☐ No ☐

Youth diagnoses:

Youth medications:

If over 18, is youth living independently? Yes ☐ No ☐

Previously adopted? Yes ☐ No ☐ **Date adoption was finalized:**

School name:

Current grade: **School placement:** General 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 ____ **Family's gross MONTHLY income $** _____ **(excluding child support)**

Has Consent and Release of Information been signed? ☐ Yes ☐ No Date signed:

Brief history:

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:

Return referral forms to rachel.layne@jfs.ohio.gov.