**Service Coordination Referral FCFC Morrow County**

**Youths Name: enter text. D.O.B: enter a date. Current Age: enter text.**

**Gender: enter text Ethnicity: enter text Social Security #: enter text**

**Youth Adopted: Choose Age at Adoption: enter text**

**Does Guardian have Medical Consent: Choose County of Residence: enter text**

**Address: enter text**

**Name of School: enter text Grade: enter text**

**Guardian Name: enter text Relation: enter text Guardian Email: enter text**

**Guardian Phone #: enter text Ethnicity: enter text Employed: Choose**

**Date of Referral: enter a date Referrers Name: enter text**

**Referrers Email: enter text Referrers Phone: enter text**

**Referrers Address: enter text**

**Others Living in the Home**

**enter text**

**enter text**

**enter text**

**enter text**

**enter text**

 **Relationship to Youth**

 **enter text**

 **enter text**

 **enter text**

 **enter text**

 **enter text**

**System Involved**

**enter text**

**enter text**

**enter text**

**enter text**

**enter text**

**Private Insurance Name: enter text Member ID#: enter text**

**Insurance Start Date: enter a date Insurance End Date: enter a date**

**Medicaid Name: enter text Member ID#: enter text**

**Medicaid Start Date: enter a date Medicaid End Date: enter a date**

**Waiver:** [ ]  **Yes** [ ]  **No Waiver Type: enter text**

**Reason for Referral/Description of problems being experienced: enter text**

**Diagnosis: enter text**

**Medication Name Milligrams # of Times a day Pill/Capsule/Liquid Name of Physician**

**enter text enter text Choose Choose** enter text

**enter text enter text Choose Choose** enter text

**enter text enter text Choose Choose** enter text

**enter text enter text Choose Choose** enter text

**enter text enter text Choose Choose** enter text

**enter text enter text Choose Choose** enter text

**Problem Behaviors:**

[ ]  **Personal hygiene** [ ]  **Irritability** [ ]  **Probation/Parole**

[ ]  **Loses Temper Easily** [ ]  **Lying** [ ]  **Destruction of Property**

[ ]  **Stealing** [ ]  **Verbally Aggressive** [ ]  **Cruelty to Animals**

[ ]  **Physically Aggressive** [ ]  **Poor Social Skills** [ ]  **Self-Harm Behavior**

[ ]  **Low Self-Esteem** [ ]  **Family Functioning** [ ]  **Thought Disturbances**

[ ]  **AWOL** [ ]  **Enuresis** [ ]  **Encopresis**

[ ]  **Anxiety** [ ]  **Grief** [ ]  **Separation/Loss**

[ ]  **Fire Setting** [ ]  **Discipline** [ ]  **School attendance**

[ ]  **School Problems** [ ]  **Failure to Supervise** [ ]  **Poor Household Management**

[ ]  **Addiction (gambling, etc.)** [ ] **Mood Swings** [ ]  **Employment Problems**

[ ]  **Depressed Mood** [ ]  **Substance Abuse** [ ]  **Suicide Ideation/Gestures**

[ ]  **Sexual Perpetrator** [ ]  **Sexually Reactive** [ ]  **Sexually Promiscuous**

[ ]  **Victim of Sexual Abuse** [ ]  **Victim of Physical Abuse** [ ]  **Easily Distracted**

[ ]  **Hyperactive** [ ]  **Impulsivity** [ ]  **Domestic Violence**

[ ]  **Inflated Self-Esteem** [ ]  **Hallucinations** [ ]  **Relationship Difficulties**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current & Past Agencies Involved with Youth/Family** | **Provided Services Check which applies** | **Representative Involved Name and Contact Info** | **Reason for Involvement** |
| **enter text** | [ ]  **Open**[ ]  **Closed** | **enter text** | **enter text** |
| **enter text** | [ ]  **Open**[ ]  **Closed** | **enter text** | **enter text** |
| **enter text** | [ ]  **Open**[ ]  **Closed** | **enter text** | **enter text** |
| **enter text** | [ ]  **Open**[ ]  **Closed** | **enter text** | **enter text** |
| **enter text** | [ ]  **Open**[ ]  **Closed** | **enter text** | **enter text** |

**Send Referrals by Email** **morrowfcfc@gmail.com**

**Office Use Only: Date Received: Recommend: Referral Service Coordination**

**Meeting Location and Time:**