**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**](mailto:morrowfcfc@gmail.com)

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

**Meeting Location and Time:**