

**Service Coordination Referral**

FCFC to complete: Referral Receipt Date: \_\_\_\_\_ Outcome:  Approved  Denied, Reason \_\_\_\_\_

Facilitator Assigned: \_\_\_\_\_ Date Facilitator Notified: \_\_\_\_\_

Referrer: \_\_\_\_\_ Referring Agency/Relationship to Youth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_

Youth's Race:  American Indian or Alaska Native  Black or African American  White or Caucasian  Other  
 Asian  Native Hawaiian or Other Pacific Islander  Declined to specify

Youth lives with  Father  Mother  Legal Guardian Name(s): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_ Phone:  Home  Cell \_\_\_\_\_

School District of Residence: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Household/Family Members, including siblings currently removed from home:

Name	Date of Birth	Relation to Youth	School/Employer	Grade	In Home Yes/No

Reason for referral (check all that apply):

- Youth is age 0-21 and has multiple systemic, unmet needs.
- Single agency has worked collaboratively with family, yet needs have not been adequate met.
- Youth is at-risk of removal from home or school.
- Youth/family is unable to access needed services.

Youth's need(s) as of referral date (check all that apply):

- Alcohol/Drug
- Autism Spectrum Disorder
- Child Abuse
- Child Neglect
- Delinquent
- Developmental Disabilities
- Help Me Grow
- Mental Health
- Physical Health
- Poverty
- Primary Care Physician (PCP-not established with)
- Special Education
- Unruly
- Other: \_\_\_\_\_

If PCP not checked above, who is PCP? \_\_\_\_\_ Date last seen for well-check? \_\_\_\_\_

Youth's Diagnoses: \_\_\_\_\_

A natural extension of system involvement is for multiple systems and natural supports to become team and support members to the family.

Youth & Family System Involvement	Current		Past		Provide details and agency contact person for each area checked. Agency contacts will become team members.
	Youth	Family	Youth	Family	
Board of Developmental Disabilities					
Education					
Faith					
Food					
Head Start					
Health Department/WIC					
Help Me Grow					
Housing					
Job & Family Services/Child Protective Services					
Juvenile Justice					
Medical					
Medicaid (Indicate Managed Care Plan)					
Mental/Behavioral Health					
Office for Ohioans with Disabilities					
Rehabilitation & Corrections/DYS					
Substance Abuse					
Trauma					
Other					

**Examples of Current and/or Past Involvement:**

- Board of Developmental Disabilities – Developmental disabilities
- Education – Behavior Plans, Expulsion, IEP/504, Suspension, Truancy
- Faith – Member or attending a community faith-based organization, engagement in age appropriate faith-based sponsored activities
- Food – Food insecurity in the home, utilization of food pantry, Free and Reduced Lunch program at school
- Head Start – Enrollment in Head Start and/or Early Head Start
- Health Department/WIC/CMH – Utilized Women, Infant and Children (WIC) or Children with Medical Handicap services
- Help Me Grow – Utilized or referred to Early Intervention or Home Visiting
- Housing – Housing insecurity for the family, rent or own home
- Job & Family Services – Open cases with JFS or Child Protective Services, including out-of-home placement, abuse/neglect (physical/sexual/emotional, domestic violence)
- Juvenile Justice – Juvenile Probation involvement, diversion, criminal offenses
- Medical – Significant medical involvement, lack of primary care physician
- Medicaid – Enrollment in Medicaid (indicate Managed Care Plan)
- Mental/Behavioral Health – Counseling, medication management, therapy
- Office for Ohioans with Disabilities – Services empowering Ohioans with disabilities through employment, disability determination and independence
- Rehabilitation & Corrections – Ohio Department of Youth Services involvement for juvenile felony offenders
- Substance Abuse – Uncontrolled use of alcohol, illegal drugs or prescribed drugs.
- Trauma – Abuse, Medical, Natural/Manmade Disaster, Witness to Violence, Known ACE (Adverse Childhood Experience) score
- Other – Community resources/extra-curricular activities (Boy/Girl Scouts, 4H, school sports, theatre, United Way, YMCA, etc.), non-mental health related counseling, trauma not otherwise identified

Describe (“paint the picture”) why this youth and family is being referred to Council’s Service Coordination process. Description to include how youth’s needs have not been adequately addressed in traditional systems, including unmet, ongoing needs with multiple systems. Do not include needs for any funded supports/services.