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## **REFERRAL PACKET**

*For referral of a child/youth/young adult to Family & Children First*

### **To make a referral to Family & Children First:**

1. Complete **ALL** pages of the *Referral Packet* in its **entirety** including **signature** of the parent/guardian/young adult
2. Mail, fax or email the packet to:  
**Washington County Family and Children First**  
**344 Muskingum Drive**  
**Marietta, OH 45750**  
**Office: 740-376-7081**  
**Fax: 740-376-7084**  
[fcfc@suddenlinkmail.com](mailto:fcfc@suddenlinkmail.com)

### **CRITERIA for Referrals:**

1. Child/youth must be a resident of Washington County and under the age of 22.
2. Families (parent/guardians), or the young adult, must be willing to accept and participate actively in the planning process.
3. Child/youth/young adult must have multi-systemic needs (i.e. not necessarily involved in two or more systems, but have needs in more than one system. Education is considered a system).
4. Youth that are alleged or adjudicated unruly or delinquent (diversion occurs through implementation of the SCM)
5. Youth in custody of Child Protective Services

### **Note:**

- Participation in the FCF process is at no cost to families
- Referrals shall be screened for appropriateness of receipt of services and may be referred out to standard services.
- The goal of FCF's Service Coordination and Wraparound processes is to maintain youth in their home and community in a safe, healthy and successful environment.

*For more information or questions, contact Family & Children First @ 740-376-7081*

## Referral to FAMILY & CHILDREN FIRST

For children/youth/young adults up to age 22

**Submit COMPLETED packet to: 344 Muskingum Dr., Marietta, OH 45750 Phone: 740-376-7081 Fax: 740-376-7084**

From: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Affiliation: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Your Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Child/Youth being referred: \_\_\_\_\_ DOB \_\_\_\_\_

### Referral for: (check one)

☐ **Service Coordination** – Service Coordination is a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex needs. Provides access to existing services & supports and when appropriate proposes new services/supports/strategies to meet needs. Teams would likely consist mostly of service providers, family and any others the family wants involved.

☐ **Wraparound** – The *Wraparound* process is an intensive, holistic method of engaging with individuals with complex needs so that they can live in their homes and communities. It is not a program or a type of service, but an intensive, team-based, individualized care planning process which supports “voice and choice” and family-driven outcomes. The plan of care is individualized based on the strengths and culture of the children/youth and their family and is needs-driven rather than service-driven. Wraparound Teams include informal support persons identified by the family and child/youth.

☐ **Community Options Team (COT) Consultation** – COT is available for consultation services to provide agencies and/or parents with ideas on options and resources. *Referrals specifically for funding will not be accepted.*

Adopted? ☐ Y or ☐ N Current School \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Child/Youth has a mental health diagnosis: ☐ Yes ☐ No ☐ Pending ☐ Suspected ☐ Unknown

### Reason for Referral.

Guardian's Name:		Guardian's Name:	
Marital Status:	Relationship:	Marital Status:	Relationship:
Address:		Address:	
City:	Zip:	City:	Zip:
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell:	Email:	Cell:	Email:
Employer:		Employer:	

Child/Youth lives with: \_\_\_\_\_

Address of child/youth if different from above: \_\_\_\_\_

**By my signature I agree to this referral to Family & Children First and to the release and sharing of information to**

**FCF by the referring entity:** \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature*

### Office Use

Date Referral received \_\_\_\_\_ Reviewed by \_\_\_\_\_ Referrer contacted \_\_\_\_\_ Family contacted \_\_\_\_\_

## FORMAL SUPPORTS

### CURRENT SYSTEM(S) INVOLVEMENT

Check all appropriate responses and **include contact name and phone number** of those **CURRENTLY** involved with the family.

<input type="checkbox"/> <b>Help Me Grow</b> Contact Name and Phone:	<input type="checkbox"/> <b>Juvenile Court</b> Contact Name and Phone:
<input type="checkbox"/> <b>Board of Dev. Disabilities</b> Contact Name and Phone:	<input type="checkbox"/> <b>Health Department:</b> Contact Name and Phone:
<input type="checkbox"/> <b>Children Services</b> Contact Name and Phone:	<input type="checkbox"/> <b>Head Start</b> Contact Name and Phone:
<input type="checkbox"/> <b>Job &amp; Family Services</b> Contact Name and Phone:	<input type="checkbox"/> <b>School System*</b> List <u>school</u> :      Contact Name, & Phone:
<input type="checkbox"/> <b>EVE, Inc.</b> Contact Name and Phone:	<input type="checkbox"/> <b>SEO Counseling Center</b> Contact Name and Phone:
<input type="checkbox"/> <b>Integrated Services</b> Contact Name and Phone:	<input type="checkbox"/> <b>Worthington Center</b> Contact Name and Phone:
<input type="checkbox"/> <b>OH Dept. of Youth Services</b> Contact Name & Phone:	<input type="checkbox"/> <b>Hopewell Health Center</b> Contact Name and Phone:
<input type="checkbox"/> <b>Primary Physician</b> Contact Name and Phone:	<input type="checkbox"/> <b>Other:</b> Contact Name and Phone:

Household members:	Age	Relationship to Child	Gender

### INFORMAL SUPPORTS

(Family, Friends, 4-H Club, Church, Scouts, Support Groups/Clubs, Organizations, Neighbors, etc.)

Name	Nature of Relationship	PHONE	Email Address

## ***CURRENT PRESENTING RISKS CHECKLIST***

**\*Please review the following current presenting risks and check all that apply:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b>Suicide ideation, gestures, or attempts:</b></p> <p><input type="checkbox"/> <b>Ideation:</b> Youth states, talks, or thinks about hurting or killing self.</p> <p><input type="checkbox"/> <b>Gestures:</b> Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.</p> <p><input type="checkbox"/> <b>Attempt:</b> Serious life threatening attempt with clear intent and desire to die by suicide. (attempted hanging; potentially lethal overdose; involvement of a gun)</p> <p><input type="checkbox"/> <b>Self-Injurious Behaviors:</b> Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects.</p> <p><input type="checkbox"/> <b>Violent Behaviors:</b> (Towards others, animals or property): Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm.</p> <p><input type="checkbox"/> <b>Fire Setting Behaviors:</b> Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire.</p> <p><input type="checkbox"/> <b>Runaway:</b> History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.</p> <p><input type="checkbox"/> <b>Chargeable Sex Offense:</b> Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.</p> <p><input type="checkbox"/> <b>Aggressive Behaviors</b> (Towards animals, property, others, etc): Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying, threatening.</p> <p><input type="checkbox"/> <b>Verbal or Written Threats to Others:</b> Youth states or writes threats of harm toward people, places, or things.</p> | <p><input type="checkbox"/> <b>Suspended, Expelled, or Dropped Out of School:</b> Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.</p> <p><input type="checkbox"/> <b>Known/Suspected Criminal Activity:</b> Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.</p> <p><input type="checkbox"/> <b>Availability of Weapons:</b> Youth has access to obtaining weapons through self, family, friends, or neighbors.</p> <p><input type="checkbox"/> <b>Depression:</b> Youth or parents state that the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities.</p> <p><input type="checkbox"/> <b>Hears voices or sees things:</b> Youth states hearing voices or seeing things that are not based in reality.</p> <p><input type="checkbox"/> <b>Impulsive Behaviors:</b> Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.</p> <p><input type="checkbox"/> <b>Anorexia or Bulimia:</b> Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.</p> <p><input type="checkbox"/> <b>Victimization:</b> Reports of sexual and/or physical abuse of the youth, past or present.<br/>[Professional must follow duty mandated to report if this event has not already been reported.]</p> <p><input type="checkbox"/> <b>Sexual acting out:</b> Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcome. Continued on back</p> <p><input type="checkbox"/> <b>Youth uses drugs or alcohol:</b> Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.</p> |
|--|--|

- ☐ **Negative peer involvement or gang activity:** Peer or gang involvement that results in negative behaviors by the youth.
- ☐ **Parent with chronic/acute mental illness, developmental delay, or mental/intellectual disability:** Parent or caretaker has significant mental illness, developmental disability, or learning disability where the disability compromises or limits his or her ability to care for the needs of youth and family. Parent's disability may limit their ability to monitor and supervise the youth.
- ☐ **Parent with Drug or Alcohol Problem:** Parent or caretaker who has a substance use disorder which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.
- ☐ **Parent with severe chronic illness:** Parent or caretaker has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Parent's illness may limit their ability to monitor and supervise the youth.
- ☐ **Resides in high crime neighborhood:** Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal daily activity and functioning is limited because of these safety concerns.
- ☐ **Prejudicial thinking:** Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.
- ☐ **Unrestricted internet access:** Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- ☐ **Lack of caregiver monitoring and or supervision:** Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes.
- ☐ **Emotional or Educational Disabilities:** Youth has been assessed to have a serious emotional, developmental, and/or learning disability, which may cause functional impairment or limit daily activities, or educational progress.
- ☐ **Acute Family Crisis:** Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for or monitor/supervise youth's safety or behaviors.
- ☐ **Family Conflict:** Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.
- ☐ **Youth's Lack of Stable Residence/Homelessness:** Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns.
- ☐ **Current Placement Suspected Child Abuse:** Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.
- ☐ **Limited Developmental Capacity to Maintain Personal Safety:** Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently
- ☐ **Truancy:** Admitted or reported failure to attend school on a regular basis, which may result in legal action.
- ☐ **Limited Ability to Control Anger:** Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- ☐ **Held Back/Behind in Grade:** Youth has been retained one or more years in school.