

**YOUTH & FAMILY SERVICE REQUESTED:**

**EVIDENCE-BASED PRACTICES:**

- Functional Family Therapy (FFT)
- FFT - Early Intervention (FFT-EI)
- FFT - Child Welfare (FFT-CW)
- Multisystemic Therapy (MST)
- Homebuilders

**FAMILY RESOURCE CENTER:**

- Grief Work Group (7 sessions)
- Nurturing Parenting Group (16 sessions)
- Partner in Parenting Group (8 Sessions)
- Kinship Case Management
- Parenting Case Management
- My Community Cares (MCC)

**CLINIC SERVICES:**

- Youth Behavioral Health Assessment
- After-Hours Individual Counseling
- Trauma-Focused Therapy/EMDR
- Pathways (Juvenile Sexual Offender)
- Adolescent Substance Abuse
- YouthBuild Program

**YOUTH DEMOGRAPHIC INFO:**

Name:	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid #:	
Social Security #:	Birthdate:	Age:	Race:
School:	Grade:	Gender:	

**PARENT / CAREGIVER INFO:**

Parent/Guardian:	DOB:
Address:	
Main Phone:	Secondary Phone:
I have been informed of the services I am being referred to. <input type="checkbox"/> Yes <input type="checkbox"/> N/A	

**REFERRING AGENCY:**

Name:	Phone:
Address:	Fax:
Contact Person:	Referral Date:
Email:	
Current Service Provider:	
Attached: <input type="checkbox"/> Assessment <input type="checkbox"/> Plan of Care <input type="checkbox"/> Member's Choice/Freedom of Choice Form <input type="checkbox"/> Other:	
Current Diagnosis:	
Description of Behavior and Concerns/Expected Outcome:	

Contact us with any questions at 985-266-1028 and please email referrals to [houmareferrals@startcorp.org](mailto:houmareferrals@startcorp.org).