START CORP.
"CREATING OPPORTUNITIES"

Referral Form
Functional Family Therapy - Baton Rouge

YOUTH DEMOGRAPHIC INFO:

Name:	Medicaid: ☐ Yes ☐ No	Medicaid #:	
Social Security #:	Birthdate:	Age:	Race:
School:	Grade:	Gender:	

PARENT / FAMILY INFORMATION:

Parent/Guardian:	DOB:
Address:	
Main Phone:	Secondary Phone:
Relationship to Youth:	
I have been informed of the services I am being referred to: ☐ Yes ☐ No ☐ N/A	
OTHER HOUSEHOLD MEMBERS:	
Name:	Relationship to youth:
Name:	Relationship to youth:
Name:	Relationship to youth:
Name:	Relationship to youth:
Name:	Relationship to youth:
Name:	Relationship to youth:
Name:	Relationship to youth:

REFERRING AGENCY:

Agency:	Phone:
Address:	Fax:
Contact Person/Title:	Referral Date:
Contact Person's Email:	
Attached: ☐ Assessment ☐ Plan of Care ☐ Member's Choice/Freedom of Choice Form ☐ Other:	
Youth's Current Diagnosis:	
Description of Behaviors and Concerns/Expected Outcomes:	

Contact us with any questions at 225-442-3540 and please email referrals to Applications@startcorp.org