

Please check the service(s) being requested below:

EVIDENCE-BASED PRACTICES

- Functional Family Therapy (FFT) FFT - Early Intervention (FFT-EI) FFT - Child Welfare (FFT-CW)
 Multisystemic Therapy (MST) Homebuilders
 Intercept Program (**Answer qualifying questions below**)
 o Youth has been determined as eligible for Family First Prevention
 o Youth is in foster care, there is a parent/caretaker involved, and services would expedite youth exiting foster care.

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
 Adolescent Life Skills Group

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"/> No <input type="checkbox"/> N/A	

REFERRING AGENCY:

Agency:	Phone:
Address:	Fax:
Contact Person/Title:	Referral Date:
Contact Person's Email:	
Contact's Supervisor:	Supervisor's 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:

Referring Behaviors (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Suicidal/Homicidal Behaviors | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Sexually Inappropriate/Problematic Sexual behaviors | <input type="checkbox"/> Parent/Child Conflict |
| <input type="checkbox"/> Fire Setting behaviors | <input type="checkbox"/> Sibling Conflict |
| <input type="checkbox"/> Runaway behaviors | <input type="checkbox"/> Negative Peer Relationships |
| <input type="checkbox"/> Victim of commercial sexual exploitation | <input type="checkbox"/> Pregnant/Parenting |
| <input type="checkbox"/> Juvenile Justice involvement/FINS | <input type="checkbox"/> Other behaviors not listed: |

Current Mental Health Services (if any):

Description of Behavior and Concerns/Expected Outcome:

Contact us with any questions at 985-266-1028 and please email referrals to houmareferrals@startcorp.org.