START CORP.
"CREATING OPPORTUNITIES"

**Referral Form**
**Youth & Family Services**

***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)***

- ◯ Youth has been determined as eligible for Family First Prevention
- ◯ Youth is in foster care, there is a parent/caretaker involved, and services would expedite youth exiting foster care.

## FAMILY RESOURCE CENTER

☐ Nurturing Parenting Group (16 sessions) ☐ Kinship Case Management ☐ Parent Peer Support
☐ Adult Substance Use Group ☐ Parenting Case Management ☐ My Community Cares (MCC)

## CLINIC SERVICES

☐ Medication Management ☐ Youth Behavioral Health Assessment ☐ Individual Counseling
☐ Trauma-Focused Therapy/EMDR ☐ Pathways (Juvenile Sexual Offender) ☐ Adolescent Substance Abuse Group
☐ Adolescent Life Skills Group ☐ YouthBuild Program ☐ TANF

**YOUTH DEMOGRAPHIC INFO:**

| | | | |
|---|---|---|---|
| Name: | Medicaid: ☐ Yes ☐ 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: ☐ Yes ☐ No ☐ 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: ☐ Assessment ☐ Plan of Care ☐ Member's Choice/Freedom of Choice Form ☐ Other: | |

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**Current Diagnosis:**

**Referring Behaviors (Check all that apply):**

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

**Current Mental Health Services (if any):**

**Description of Behavior and Concerns/Expected Outcome:**

**Contact us with any questions at 985-333-2020 and please email referrals to houmareferrals@startcorp.org.**