REFERRAL PACKET

Welcome to Family and Children First Council!

Mission Statement: To promote and facilitate collaboration across community government and agencies to support strong and stable families and children to live successfully with their cultural and community.

Wood County Family and Children First Council (FCFC) is committed to coordinating and streamlining existing government services for families needing or seeking services for their children. We serve families and children aged 0 through 21, in Wood County, who have multiple and complex needs requiring the services of at least two agencies or providers.

Referrals may be made by any service provider, school, or the family may self-refer. The referrals are accepted by FCFC Coordinator and will work the family to identify support team members and complete necessary intake paperwork, including release of information and strengths and needs.

There are three areas in which we can work with your family: Resource Connection, Service Coordination, and Wraparound. The Coordinator, Service Coordinator, and family will decide which avenue is most appropriate for the family, as it goes from less intensive to intensive. The process is child-centered, and family focused. Strengths and needs of the child are used as a guide to provide appropriate services. Services and supports are also responsive to the cultural, racial, and ethnic characteristics of the community. The family must be willing to participate, and it is voluntary.

If you should have any questions about the referral process or if a family qualifies, please do not hesitate to contact Melissa Coe, FCFC Coordinator (419)353-2311. We look forward to working and serving our families in Wood County to assist in making a difference.

Wood County Family and Children First Council
1921 East Gypsy Lane Road
Bowling Green, Ohio 43402
(419) 353-4406

FAMILY AND CHILDREN FIRST COUNCIL

Referring Party

Referring Agency: _____

Person Referring: _____ Phone: _____

Email Address: _____ Date of Referral: _____

Demographic Information

Name: _____
First Middle Initial Last Name

Address: _____
Street City Zip Code

Home phone: _____ *Cell Phone*: _____

DOB: _____ *Age*: _____

*Social Security Number:*_____ *Sex*: **Male** ☐ **Female** ☐

Gender Identity: _____Male _____Female _____Non-Binary _____Other

Pronouns: _____He/Him/His _____She/Her/Hers _____They/Them/Theirs _____Other

Hispanic/Latino Origin: ___ Yes ___ No

Race (select all that apply, unknown should only be used when race information is not available):

_____ African American or Black
_____ American Indian
_____ Asian
_____ Native Hawaiian/Other Pacific Islander
_____ White or Caucasian
_____ Unknown

FAMILY RELATIONSHIPS - *Living Arrangements*

Please check who the youth resides with/caregiver, and if shared parenting, denote this.

☐	Both Parents	☐	Father and Step-parent	☐	Other Relative:
☐	Mother Only	☐	Mother and Partner	☐	Foster Care
☐	Father Only	☐	Father and Partner	☐	Homeless Shelter
☐	Mother and Step-parent	☐	Grandparent(s)	☐	Adopted Age:

NAME **ADDRESS CITY STATE ZIP**	**AGE**	**PHONE NUMBER/EMAIL**
Mother **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____
Father **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____
Step- Mother **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____
Step- Father **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____
Grandparent/Great Grandparent **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____
Other Significant Adult **Currently involved with youth** ☐ **Y** ☐ **N**		**Phone:** _____ **Cell/Home** **Work Phone:** _____ **Email:** _____

Caregiver Employment

Name	**Employer**	**Insurance, if yes type and number**	**Status – working, laid off, disability**

Availability

Best time to reach caretaker/guardian? ___:____AM ___:____PM

Best way to reach caretaker/guardian? _____ phone _____email

Do you have voicemail set up? _____ yes _____no*
*if no, please set up voicemail

Financial Hardship

Is your family experiencing financial hardship? **Yes** ☐ **No** ☐

If yes,
explain:_____
_____
_____

Siblings

Name:	Age:	Living With	Full, half, step sibling sister/brother

Please list the youth and family strengths.

Youth Strengths:

Family Strengths:

EDUCATION

Enrolled in School _____ Yes _____ No

Name of School: _____
Phone: _____

School Contact and Title:_____
Phone: _____ *Email*: _____

Type of Educational Program: ☐ Mainstream ___ Special Education*
___ IEP* OR ___ 504 Plan*

*if Special Education please denote Intervention Specialist

Name: _____ Phone: _____
Email: _____

Current Grade: _____

Average Grades: _____ *A* _____*B* _____*C* _____*D* _____*F*

Problems with Behaviors at School? _____None _____Minor _____Major

Problems with Attendance at School? _____None _____Minor _____Major

Attendance issues led to Truancy? _____Yes _____No

Please use this space to describe minor or major behaviors exhibited by youth and any additional information or comments regarding school:

MEDICAL

PLEASE PROVIDE A COPY OF THE INSURANCE CARD

Primary Care Physician: _____
Phone: _____

Medication(s) Prescribed: _____

Does youth have a different type of insurance than caregiver? ___ Yes* ___ No
*Type of Insurance: _____ Policy Number:_____

OUT OF HOME PLACEMENTS

Has Youth Ever Been Placed Out of the Home? ___ Yes ___ No

Check Type of Placement, then list Dates and Reasons for Placement Below.

___ Extended Family ___ Foster Home ___ Psych. Hospital
___ Private School ___ DYS ___ Other
___ Drug/Alcohol Unit ___ Group Home

Reason/Agency/Dates:

EMOTIONAL STABILITY

Has youth Previously Been Involved with Mental Health Counseling?
___ No ___ Yes If yes, age _____

_____ Individual _____Family _____Group: type: _____

Agency Name: _____
Counselor: _____
Phone: _____ Email: _____

Mental Health Physician: _____
Phone: _____ Diagnosis: _____

Medication(s) Prescribed: _____

Prior self harm: ____ Yes ____ No
Specify what youth was doing (ex. Cutting): _____

EMOTIONAL STABILITY continued

What was addressed, treatment needs and goals, what progress/lack of progress made?

_____
_____
_____
_____

EMPLOYMENT HISTORY

Has Youth Ever Been Employed? ___ Yes ___ No ___ NA

Where? _____
How Long? _____

Describe Youth's Relationships with his Boss and Co-Workers:

_____

Is Youth Involved in any Positive Organized Activities?

___ No ___ Yes

If yes, what? _____

Please check all that apply:

☐	Runaway	☐	Assaultive Behaviors	☐	Suicide Threats
☐	Suicide Attempts	☐	Cruelty to Animals	☐	Death of Parent/Sibling
☐	Death of Friend/Pet	☐	Fire Setting	☐	New Sibling
☐	Parent Remarriage	☐	Physical Abuse Victim	☐	Sexual Abuse Victim
☐	Chronic Illness	☐	Illness of Family Member	☐	Loss/Change of Friends
☐	Financial Difficulties	☐	Substance Use	☐	Abuse and Neglect

Please describe/elaborate from the above items, in the space below.

What agencies are the youth involved in (*must be involved in 2 agencies to be referred*):

☐	Mental Health Agency		Juvenile Justice		Children Services
☐	Board of Developmental Disabilities		Department of Youth Services		Job and Family Services
☐	Diversion				

Name	Phone Number	Email	Include in Team Meetings
			☐ Y N ☐
			☐ Y N ☐
			☐ Y N ☐

Reason for Referral – *If you answer Yes, please describe*

Concerns	Yes	No	Describe
Behavior Problems			
Mental Health			
Physical Health			
Developmental			
Unruly/Delinquency			
Sexualized Behaviors			
Financial/ Poverty			
Risk of Placement			
Other:			
Other:			

Court Involvement

Court Involvement: _____ Yes _____No Reason:_____
Youth on Probation: _____ Yes* _____No **if yes please include prior court history*
Probation Officer: _____

Family History: ***please elaborate below***

Precipitating events leading to referral: ***please elaborate below***

What ways would youth/family benefit from a multi-system team: ***please elaborate below***

Desired outcome from program participation in Service Coordination/Wraparound: ***please elaborate below***

Services and Supports that have been utilized: ***please elaborate below***

Additional information or comments: ***please elaborate below***