FAMILY AND CHILDREN FIRST COUNCIL
COLUMBIANA COUNTY

Case Review and Family Support Team & Wrap Around Referral Form

Please Check One

Family Support Team Meeting ☐ **Case Review** ☐ **Wrap Around** ☐

PLEASE PRINT

Date of Referral:
Date/Time meeting:

PARENT/CARETAKER INFORMATION

Name:	
Full Address:	
Phone numbers:	

Who would you like to attend the meeting?

Name	Phone Number

Referred Child(ren) (please provide the data you have available)

Referred Child(ren)'s Name	Birth Date	Grade level	Race	Gender

Adults living in the home and relationships to the child(ren) (please provide the data you have available)

Name	Relationship to Child

Other children living in the home (please provide the data you have available)

Child's Name	Age

Home School District of Referred Chil(ren)	
School currently attending	

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Reason for Referral (check all that apply)

Child Facing Out of Home Placement	Child Exhibiting Behavior Issues at School	Child Exhibiting Behavior Issues at Home	Family Crisis/ Conflict	Legal Charges Pending/Filed on the Child

Is the child/family situation ☐ ***Chronic or*** ☐ ***a Crisis?*** (Mark both if applicable)

Current System Involvement (check all that apply **to referred children**)

☐	Juvenile Court	☐	Special Education	☐	Board of DD
☐	Job & Family Services	☐	Opportunity School	☐	Head Start
☐	Children's Services	☐	Medicaid Benefits	☐	Help Me Grow
☐	Mental Health Services	☐	Social Security Benefits	☐	Truancy Mediation
☐	Intensive home-based services (describe)	☐	Substance Abuse Program	☐	Other (Describe)

KNOWN PRESENTING RISKS

Please mark a C (child) and/or P (parent) if there is current evidence of the characteristic – in the last 6 months. Please mark an H if there is a history of the characteristic – more than 6 months ago.

	Suicidal Ideations, Gestures, Attempts		Depression		Youth Uses Drugs or Alcohol
	Self-Injurious Behavior		Hears Voices/Sees Things		Parent with Drug or Alcohol Problem
	Aggressive Behaviors Toward Others, Animals, Property, etc.		Impulsive Behavior		Parent with Severe Chronic Illness
	Fire Setting – current or history		Eating Disorder (Anorexia/Bulimia)		Parent with Mental Illness or Developmental Delay
	Victimization: Physical, Emotional, or Sexual		Emotional or Educational Disabilities		Held back / Behind in grade
	Sexual Acting Out/ Impulsivity – current or history		Suspended, Expelled, or Dropped Out of School		Lack of Caregiver Monitoring and/or Supervision
	Availability of Weapons		Truancy		Unrestricted Internet Access
	Runaway – current or history		Current Placement/Suspected Child Abuse		Verbal or Written Threats to Others
	Violent Behaviors Toward Others, Animals, Property, etc.		Chargeable for sex offense		Known/Suspected Criminal Activity
	Limited Developmental Capacity to Maintain Personal Safety		Negative Peer Involvement and/or Gang Activity		Limited Ability to Control Anger
	Resides in High Crime Neighborhood		Prejudicial Thinking / Ideation		Acute Family Crisis
	Family Conflict		Youth's Lack of Stable Residence/Homeless		Other (please specify)

REFERRAL INFORMATION

Name	
Name of organization	
Contact Numbers/email address	
Is family aware that referral has been made for FCFC Services?	
Has a release of information been signed?	

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Brief Summary of Presenting Problems
(Please include current needs, service involvement/history, school information, current diagnoses and medications, what FCFC services you think the child/family could benefit from, and any other pertinent information.)

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FAX REFERRAL FORM TO FCFC AT (330) 424-9481

Questions? Call (330) 424-9591 ~ Steve Ullom, Family Support & Case Review Team & Wrap-Around

To be completed by FCFC Staff:

Risk Score: _____ ***Scored by:*** _____ ***Date:*** _____

Date Referral Received: _____