PROGRAM REFERRAL

Date:	

Family Resource	CASE NAME:				
Central Fax: 866-528-0579	CASE WORKER:				
	COUNTY:				
Group Serv	vices	Individual / Famil	y Services		
Coping & Healing After Parenting Children of Substance Anger Management - A Anger Management - A Choices & Changes (B)	Abuse Adult Adolescent	Monitored Exchanges Individual Parenting Co-Parenting (with both parents) Individual Anger Management In-home Parenting Alcohol/Drug Testing Supervised Visitation ————————————————————————————————————			
Parent Name 1:		DC)B:		
Address: City: Parent Name 2:			Zip: DB:		
Address:			Zip:		
Parent Name 3: Address:)B:		
City:			Zip:		
			FDC Develop		

Case No# / Div / Judge:		/ /		
	sitation Guidelines			
Benefiniark VI	Child's Age	Fred	uency	
	Birth-6 Months		80-60 minutes	
	6 Months- 18 Months	3X/wk for 3	0-60 minutes	
	18 Months- 3 Years	2X/wk fo	r 1.5 hours	
	3 Years – 5 Years		or 2 hours	
	5 Years - 12 Years		or 2 hours	
	12 Years – 18 Years	No Recon	nmendation	
oes visitation requiren	nents and frequency mee	t Benchmark Guidelines?	Yes	No
Child I Information	-	or Latino(NL) GAL Contact:		
, .	<u>.</u> :	, ,		
Child I Information Name	:	GAL Contact:	Ethnicity: _	
Child I Information Name DOB Gender (check one)	: : : Male	GAL Contact:	Ethnicity:	
Child I Information Name DOB Gender (check one) Caregiver Name	:: :: Male:	GAL Contact:	Ethnicity: Female Phone:	
Child I Information Name DOB Gender (check one) Caregiver Name Others Allowed to Visit	:	GAL Contact:	Ethnicity: Female Phone:	
Child I Information Name DOB Gender (check one) Caregiver Name Others Allowed to Visit	:	GAL Contact:	Ethnicity: Female Phone:	
Child I Information Name DOB Gender (check one) Caregiver Name Others Allowed to Visit Child 2 Information Name	:	GAL Contact:	Ethnicity: Female Phone:	
Child I Information Name DOB Gender (check one) Caregiver Name Others Allowed to Visit Child 2 Information Name	:	GAL Contact:	Ethnicity: Female Phone:	
Child I Information Name DOB Gender (check one) Caregiver Name Others Allowed to Visit Child 2 Information Name DOB Gender (check one)	:	GAL Contact:	Ethnicity: Female Phone:	

Child 3 Information		GAL Contac		
Name:				
DOB:		D	Ethnicity:	
Gender (check one):	Male		Female	
Caregiver Name:			Phone:	
Child 4 Information			<u> </u>	
Name:				
		Race:		
Gender (check one):			Female	
Caregiver Name:				
Family Income & G	<u>eneral Informatio</u>	<u>1</u>		
Less than \$10			00 - 39,999	
10,001 - 20,0 20,001 - 29,9		40,00	00 and above	
20,001 - 29,9	777			
Financials on file?	Yes		No	
Attorney for Parent 1:				
Phone Number:			e-mail:	
Attorney for Parent 2:				
			e-mail:	
Attorney for Parent 3:				

Transportation type: Mental health Issues: Security concerns: Therapist name/phone: School problems: ild orientation completed: by you have health insurance for your child? Yes No by you have health insurance for your child? Yes No Yes No RC representative review information on FHKC program if child has no health insurance at the standard place of the low-cost health insurance of the low-cost healthcare insurance or a standard Healthy Kids program? Yes No RC representative review information on FHKC program if child has no health insurance at the standard place or a standard place or		Sexual abuse alleged	Domestic	Violence all	eged	
Mental health Issues: Security concerns:	her?					
Mental health Issues: Security concerns:	Transportation type:					
Security concerns: Therapist name/phone: School problems: Id orientation completed: take Questions (office use only) In you have health insurance for your child? Yes No Be you aware of the low-cost healthcare insurance available through the rida Healthy Kids program? Yes No RC representative review information on FHKC program if child has no health insurance like application completed? Yes No If no, give reason why:	Mental health Issues:					
School problems: id orientation completed: take Questions (office use only) by you have health insurance for your child? Yes No e you aware of the low-cost healthcare insurance available through the orida Healthy Kids program? Yes No RC representative review information on FHKC program if child has no health insurance like application completed? Yes No If no, give reason why:						
take Questions (office use only) by you have health insurance for your child? by you aware of the low-cost healthcare insurance available through the orida Healthy Kids program? CONTROL RC representative review information on FHKC program if child has no health insurance application completed? Yes No If no, give reason why:	Therapist name/phone:					
take Questions (office use only) by you have health insurance for your child? e you aware of the low-cost healthcare insurance available through the prida Healthy Kids program? Yes No FRC representative review information on FHKC program if child has no health insurance and the program of t	School problems:					
take Questions (office use only) by you have health insurance for your child? e you aware of the low-cost healthcare insurance available through the prida Healthy Kids program? FRC representative review information on FHKC program if child has no health insurance and the prida Healthy Kids program? FRC representative review information on FHKC program if child has no health insurance and the program if child has no health insurance and the program if child has no health insurance and the program if child has no health insurance and the program if child has no health insurance and the program if child has no health insurance and the program if child has no health insurance and the program if the program if child has no health insurance and the program if the program is the program if the program is the program in the program is the	ild orientation completed:					
Prida Healthy Kids program? Yes No FRC representative review information on FHKC program if child has no health insurance HKC application completed? Yes No If no, give reason why:	take Questions (office		Voc	No		
HKC application completed? Yes No If no, give reason why:	o you have health insurance	e for your child?	res			
	re you aware of the low-cos	st healthcare insurance avo			Yes	No
	re you aware of the low-cos orida Healthy Kids program	et healthcare insurance avo	ailable through the	if child ha		
	re you aware of the low-cos orida Healthy Kids program -RC representative re	et healthcare insurance avo	ailable through the		s no healt	th insurance)
	re you aware of the low-cosorida Healthy Kids program FRC representative re HKC application completed	et healthcare insurance avoin? Eview information on ? Yes No	ailable through the FHKC program If no, give	reason why:	s no healt	ch insurance)