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

☐ 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

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:	
Current Diagnosis:	

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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 985-266-1028 and please email referrals to houmareferrals@startcorp.org.