



TEAM Service Coordination Program
 Pickaway County Family & Children First Council
 2050 Stoneridge Drive Circleville, Ohio 43113

Referral Form

Referral Date: _____ Name of Youth: _____

Date of Birth: _____ Gender: M or F

Referring Person/Agency: _____

Phone: _____ Email: _____

Parent/Guardian Information:

Name/Role: _____ email: _____

Address: _____ City: _____

Home Phone: () _____ Cell: () _____

Name/Role: _____ email: _____

Address: _____ City: _____

Home Phone: () _____ Cell: () _____

Child resides with:

Mother

Father

Legal Custodian

Foster Care

Siblings Living in the Home	Date of Birth

Other Adults Living in the Home	Relationship to the Child

(Please use the back to include additional children and/or adults)

Presenting Risks and History/Reason for Referral

Check all known presenting risks:

	Suicidal ideations, attempts		Impulsive behavior		Domestic Violence
	Self-injurious behavior		Hears voices/sees things		Homelessness
	Aggressive behaviors toward others		Eating disorder		Isolation, no natural supports
	Cruelty toward animals		Suspensions, expulsions		Parent with severe chronic illness
	Fire setting		Truancy		Availability of weapons
	Physical abuse, sexual abuse and/or neglect (circle)		Uses or has used drugs and/or alcohol		Depression
	Sexual acting out		Bullying		Other (please specify):
	Running away		Unrestricted technology access		

- Describe the child's at risk history and the reason for being referred to TEAM:

Agencies Providing Services: (check all that apply)

_____ Child Protective Services Caseworker: _____

_____ Juvenile Court Probation Officer: _____

_____ Developmental Disabilities SSA: _____

Diagnosis: _____

_____ HMG, EHS, HS Coordinator/Visitor/Teacher: _____

_____ Mental Health Agency _____

Therapist: _____ Agency: _____

Psychiatrist: _____ Agency: _____

Has the child had a psychological assessment? Yes No Date: _____

Diagnosis: _____

Medications: _____

Additional systems providing support/services:

List Agency Name/Contact Person/Phone & Email

School Information

Home School: _____ School of Attendance: _____

Teacher's Name: _____ Email/Phone: _____

Does the child have an IEP? Yes or No Grade: _____

• Explain school behaviors and academics: (any suspensions, grades, etc.)

Insurance

Private insurance Provider: _____

Medicaid Managed Care Provider: _____

(ex: Molina, Caresource)

Primary Care Physician's Name: _____

Contact Information: _____

Check Services recommended:

- _____ Non-clinical in-home parent/child coaching
- _____ Non-clinical parent support groups
- _____ Parent education
- _____ Mentoring
- _____ Respite care (including summer camp)
- _____ Transportation (ie. Cab/taxi fares, gas vouchers)
- _____ Social/recreational activities;
- _____ Safety and adaptive equipment
- _____ Structured activities to improve family functioning
- _____ Parent advocacy
- _____ Service coordination

Please list other services that may be needed:

Family Name: _____ Date: _____

Family Strengths and Assets Form

What are some of the strengths and positive qualities the youth possesses? (3 minimum)

What are some of the strengths and positive qualities the family possesses?

Family/Child Assets Checklist:

_____ *Appreciation and affection.* People in strong families deeply care for one another and they let each other know this on a regular basis. They are not afraid to express their love.

_____ *Commitment.* Members of strong families show a strong commitment to one another, investing time and energy in family activities and not letting their work or other priorities take too much time away from family interaction.

_____ *Positive communication.* Successful families are often task-oriented in their communication, identifying problems and discussing how to solve them together. Perhaps even more important than this, however, strong families also spend time talking with and listening to one another just to stay connected.

_____ *Enjoyable time together.* One study of 1,500 school children asked, "What do you think makes a happy family?" Few replied that money, cars, fancy homes, television sets or Disney World made a happy family. The kids were most likely to say that a happy family is one that does things together, a family that genuinely enjoys the times they share with each other.

_____ *Spiritual well-being.* Spiritual well-being can be seen as the caring center within each individual that promotes sharing, love and compassion. It is a feeling or force that helps people transcend themselves and their petty day-to-day hassels, and focus on that which is sacred to them in life.

_____ *Successful management of stress and crisis.* Strong families are not immune to stress and crisis, but they are not as crisis-prone as troubled families tend to be. Rather, they possess the ability to manage both daily stressors and difficult life crises creatively and effectively. They know how to prevent trouble before it happens, and how to work together to meet challenges when they inevitably occur in life.

