

*****PLEASE NOTE, THIS FORM MUST BE SAVED TO YOUR COMPUTER PRIOR TO COMPLETING THE FIELDS*****

Youth Homes
Dan Fox Family Care Program
Family Support Services Referral

Child Name:
Date of Birth:
Social Security Number:
Sex:
Race:
Insurance:
Medications:

Who does the child currently live with?
Phone number:
Address:
Mother:
Father:
Step parent:
Siblings:
Legal Guardian:

Person making referral: Position:
Phone number:
Therapist:
Phone number:
Who is considered to be the child's team?

Current school:
Grade:
Special needs (IEP, CSCT, etc.):
Summary of school functioning:

Diagnosis (Not required for children under six):
AXIS I:
AXIS II:
AXIS III:
AXIS IV:
AXIS V:

Behaviors/issues that you are concerned with:

Previous placements (including dates and reason for discharge):

Issues in family of origin:

Reason for referral:

Please submit this form and any additional documents (including a release of information, evaluations, and other pertinent information) to Kelsey Ashmore via fax (543-0356) or email (kashmore@youthhomesmt.org).

Once we receive this information, we will contact you to ask additional information as needed. We review our referrals every Monday. After the referral is reviewed, we will call the family to arrange an intake meeting, discuss the service in greater detail, and answer the family's questions. Our goal is to begin working with the family within one week of getting the referral.

If you have any questions, please call Kelsey Ashmore at 541-1663.