*"Helping one family at a time"*

**Gentia Behavioral Health Systems**
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**Received by:**
**Date Assigned:**
**Assigned:**
*(For Office Use Only)*

# DFCS REFERRAL FORM

| **CASE NAME:** *(Internal office use only)* | | **Case#:** | **Date:** |
|---|---|---|---|
| **REFERRAL SOURCE** | First Name: | Last Name: | |
| Agency: | | Phone#: | Fax#: |
| E-Mail Address: | | | |
| Supervisor: | | Supervisor Phone#: | |
| **PRIMARY CLIENT INFORMATION** | | □ Male | □ Female |

**TYPE OF REFERRAL** (*Please check the box next to requested services. Multiple services can be requested.*)

□ Homestead Is there a safety plan? □ Yes □ No Is there a case plan? □ Yes □ No (If yes, please provide)

□ Brief Intervention □ Parent Aid □ Transportation

Ability for Parent Evaluation? □ Yes □ No Can child(ren) come for parent/child observation? □ Yes □ No

□ Adult Psychological □ Child(ren) Psychological □ Substance Abuse Assessment

□ CCFA □ WRAP

| First Name: | Last Name: | | DOB: |
|---|---|---|---|
| Street Address: | | | Apartment/Unit#: |
| City: | | State: | Zip Code: |
| Home Phone: | Cell Phone: | | Other Phone: |
| Is the client able to read and write? Yes No | | | Primary Language: |
| Medicaid Number: | | | |

**Reason for REFERRAL/EVALUATION**

**What questions or concerns should be addressed?**

| **FILE NAME:** (Internal office use only) | **DATE:** |
|---|---|

**If DFCS referred, what is the nature or current involvement?**

Case Name/Case#:

| |
|---|
| **Has family had prior DFCS involvement?** □ **Yes** □ **No** □ **Unknown** |
| **If yes, what is the DFCS history?** |
| |

**FAMILY INFORMATION**

| **Children: Name** | **Age/DOB** | **Medicaid #** | **Residing Where** |
|---|---|---|---|
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| **Others in the Home: Name** | **Relationship** |
|---|---|
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| **OTHER INFORMATION** | |
|---|---|
| Is there a court order for services? □ Yes □ No | If yes, date of next hearing: |
| Has client been informed of the referral? □ Yes □ No | Is the client amendable to services? □ Yes □ No |
| Is there any other information you would like us to know? | |
| | |