



FORMAL Child & Family Team Referral Form

Jessica Doggett, Program Coordinator

Address: 312 Patrick Ave., Urbana OH 43078

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FORMAL Child and Family Team Eligibility Criteria:

1. Custodial parent must be a resident of Champaign County
2. The child must not be over the age of 21 years
3. The child must have multiple-system unmet needs
4. At-Risk Screening Tool Score
5. Completed Strength/Needs Assessment, Release of Information, & Family Assessment

A. REFERRAL INFORMATION

DATE OF REFERRAL:	Name of person making referral: _____
	Agency/Relationship to child: _____
	Agency Address: _____

	Phone Number: _____

B. YOUTH DEMOGRAPHICS

1. Last Name:	First Name:	Middle:	Social Security #
2. DOB: / /	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		4. Race/Ethnicity:
5. Currently living with:		Relationship to child:	
6. Who has custody of the child?		Relationship to child:	
7. School District of Residence: Is this child on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		School District Attending:	
8. Who lives in the household with this youth?		9. Child's Current Address:	
<u>Live with</u> (check)	<u>Name</u>	<u>DOB</u>	<u>Age</u>
<input type="checkbox"/>	_____		<u>Gender</u> (M/F)
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
		Child's Phone Number:	
		Parent's Address (if different):	
		Parent's Phone Number:	

<p>10. Family Members & Close Friends to Child/Family:</p> <table border="0"> <tr> <td style="text-align: left;"><u>Name</u></td> <td style="text-align: left;"><u>Relationship</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Name</u>	<u>Relationship</u>	_____	_____	_____	_____	_____	_____	<p>11. Are the parent's employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ _____ Work #: _____</p>
<u>Name</u>	<u>Relationship</u>								
_____	_____								
_____	_____								
_____	_____								
<p>12. Is the family affiliated with a church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what church?</p>								

C. PRESENTING NEEDS

<p>1. Briefly describe the presenting problem or areas of need. Please include the length of time the problem has existed:</p>
<p>2. Explain what community resources have been exhausted to ensure the least restrictive service implementation:</p>
<p>3. Identify the end goal or mission of the family and agencies involved:</p>

D. TEAM FORMATION INFORMATION

<p>1. Who is the lead contact person working with the family? Name: _____ Agency: _____ Phone: _____</p>																					
<p>2. What is the best time and method to meet or reach the family and where do they prefer to meet at?</p>																					
<p>3. Are there cultural considerations that the team should be aware of?</p>																					
<p>4. What agencies are currently involved with the family? Please check all that apply:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Name of Agency</u></th> <th style="text-align: left;"><u>Contact Person</u></th> <th style="text-align: left;"><u>Phone Number</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name of Agency</u>	<u>Contact Person</u>	<u>Phone Number</u>																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			
_____	_____	_____																			

STRENGTHS (list family strengths based on FDM assessment)

NEEDS (list needs based on FDM assessment)

1. _____
2. _____
3. _____
4. _____

SKILLS/TALENTS OF THE YOUTH (talents or skills the youth excels in)

CULTURAL CONSIDERATIONS (religious, spiritual, economic, educational, and/or ethnic values/beliefs/ideals/traditions)

MENTAL HEALTH DIAGNOSIS (List medications if applicable):

IS CHILD/YOUTH ON AN EDUCATIONAL PLAN (IEP, IAT, BIP, 504 PLAN, or IFSP), if yes please list what applies:

AGENCIES NOT CURRENTLY INVOLVED THAT NEED REPRESENTATION:

Agency Name:

The Unmet Need the Agency Can Assist with:

*****Please submit the Referral, Screening Tool, Assessment Summary, & Release of Information to:**

Jessica Doggett, Program Coordinator

Address: 312 Patrick Avenue, Urbana, OH 43078

Phone: 937.652.2646 **Fax:** 937.652.2648

E-mail: jessica.doggett@mccesc.org

Family and Children First Council Use Only

Date referral received: _____ **Received By:** _____

Accepted

Denied

Date family notified of status: _____

IF DENIED, WHAT RESOURCES/RECOMMENDATIONS WERE PROVIDED?



**CHAMPAIGN COUNTY FAMILY AND CHILDREN FIRST COUNCIL
INTERSYSTEM CHILD AND FAMILY TEAM
UNIVERSAL RELEASE OF CONFIDENTIAL INFORMATION**

Name of Youth: _____ Date of Birth: _____

As parent or legal guardian, I authorize the following **initialed** agencies to obtain and release information regarding _____:

- * ___ Logan-Champaign Counties Mental Health, Drug and Alcohol Services Board
- * ___ Champaign Co. Family and Children First/CFT/Diversion Team
- * ___ Madison-Champaign ESC
- ___ Board of Education (District of Residence/Attendance): _____
- ___ Mac-A-Cheek Learning Center
- ___ Champaign Co. Board of Developmental Disabilities
- ___ Champaign Co. Department of Health, including WIC/BCMh
- ___ Champaign Co. Department of Job & Family Services, including Children Protective Services
- ___ Champaign Co. Domestic Relations-Juvenile-Probate Court
- ___ Champaign Co. Early Intervention
- ___ Nationwide Children’s Hospital
- ___ Dayton Children’s Hospital
- ___ Consolidated Care, Inc.
- ___ Mercy Well Child Clinic
- ___ Oesterlan Services for Youth, Inc.
- ___ WellSpring
- ___ Parent Mentor, Jacqueline Howley
- ___ Other: _____
- ___ Other: _____
- ___ Other: _____
- ___ Adriel
- ___ Choices
- ___ Respite Connections
- ___ Residential Administrators
- ___ Caring Kitchen
- ___ Parent Advocate (PAC)
- ___ Other: _____
- ___ Other: _____
- ___ Other: _____

The agencies **initialed** above may share with each other, the following information in order to develop a service plan for the above named youth.

- * ___ Medical Records
- * ___ Children’s Protective Services Information
- * ___ Scholastic/Attendance Records
- * ___ Psychological Reports
- * ___ Psychotherapy Records
- * ___ Verbal Exchange of Information
- * ___ _____
- * ___ _____

I further understand that these records are protected by state and federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. This consent expires automatically 180 days from the date signed.

Signed this _____ Day of _____, 2_____

Signature of Parent or Guardian: _____

Witness: _____

Revoked/date: _____ Signature: _____

Witness: _____

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES TO YOU: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part2), The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other-wise permitted by 42 CFR, Part 2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.

FAMILY ASSESSMENT (Family Development Matrix-FDM) <i>Institute for Community Collaborative Studies, California State University, Monterey Bay</i>					
RATING -use the following scale to rate the domains listed below in the rating columns on the right.					
4	Safe/Self Sufficient: Significant progress made in becoming stronger, healthy, and more functional. Demonstration of personal responsibility/self-motivation and has clear vision of ultimate goals. Interventions are resource oriented.				
3	Stable: No imminent danger but needs identified and family cooperative in planning. Supportive services assist the family to implement their plans.				
2	At-Risk/Vulnerable: Secure from immediate threat to health & safety, but has not yet developed or committed to strategies/plans for long-term growth & change. Continuing safety-net intervention provides a platform on which the family can build its plans for improving circumstances.				
1	In Crisis: Cannot meet need or at imminent risk of not meeting need. Unwilling/unable to work toward positive change. REQUIRES WORKER TO BE IMMEDIATE SERVICE COORDINATOR to help family get out of crisis!				
DOMAINS -Use the above scale 1 to 4 to rate the following domains at referral in the first rating column to the right.		Date	RATING/Date Reviewed		
		Date(required every 180 days m/yr):	FCFC Review Dates Progress Measured (FOR FCFC USE ONLY)		
			Rating at Referral	Date	Date
	1. Adult Education/Employment: Employment, presence or absence of career goals, appropriateness of goals, job preparedness: job skills or work history, level of education, work income-hours-benefits				
	2. Adult Social & Emotional Health: Ability and willingness to identify needs & access resources, sense of personal responsibility, presence & degree of substance abuse, quality of mental health, quality of social support system				
	3. Children's Care and Safety: Access to quality child care and after school programming, ability to afford child care and after school programming, assure safe environment in all care settings				
	4. Children's Education & Development: Age-appropriate development (physical, cognitive, emotional), behavior, social skills, verbal communication, parent child interaction, school behavior (attendance & readiness to learn)				
	5. Children's Social & Emotional Health: Ability and willingness to identify needs & access resources, sense of personal responsibility, presence & degree of substance abuse, quality of mental health, quality of social support system				
	6. Community Relations: Relationships with friends and neighbors, knowledge of and access to community resources, participation in the community (ie: school, church, clubs, etc.), social conditions of neighborhood, ability to communicate with others, Immigration status, cultural integration with community, English as second language				
	7. Family Relations: Family structure, family functioning, intra-family communication skills, ability to resolve conflict, parenting skills, extended family relationships				
	8. Finances: Income level consistent with local cost of living, long term and short term financial goals, budgeting skills & financial discipline, access to & understanding of financial institutions and resources, savings				
	9. Food & Clothing: Resources for food and clothing, quality of diet, adequacy of clothing, nutritional value of meals, conditions of food preparation resources				
	10. Health & Safety: Healthy habits, ability to afford health care, status of physical health, environmental conditions, access to health resources				
	11. Shelter: Stability of housing over time, living conditions, structural safety of housing resources for housing, income & resources for housing				
	12. Transportation & Mobility: Access to transportation based on level of need, safety and condition of transportation, legal status of driver, vehicle (license, insurance, etc.)				
	13. Parent-Child Relationships: Age and developmentally appropriate, nurturing, discipline, interactions, enrichment				
	14. Legal Involvement: Involvement with court, legal aid, probation charges, detention, etc.				

Champaign County Family & Children First Council At-Risk Screening Tool

Youth Name: _____

Current Youth Agency Involvement

What agencies are currently involved with the family? Please check all that apply:			
	Name of Agency	Contact Person	Phone Number
<input checked="" type="checkbox"/>	Mental Health:		
<input checked="" type="checkbox"/>	Alcohol/Drug Treatment:		
<input type="checkbox"/>	Caring Kitchen		
<input checked="" type="checkbox"/>	Champaign Co. Children's Protective Services		
<input type="checkbox"/>	Champaign Co. Health District		
<input checked="" type="checkbox"/>	Champaign Co. Help Me Grow		
<input type="checkbox"/>	Champaign Co. Job and Family Services		
<input checked="" type="checkbox"/>	Champaign Co. Domestic Relations-Juvenile-Probate Court		
<input checked="" type="checkbox"/>	Champaign Co. Board of Developmental Disabilities		
<input type="checkbox"/>	Champaign Co. Residential Services		
<input checked="" type="checkbox"/>	WIC		
<input type="checkbox"/>	Other:		

Know Presenting Risks to Child/Youth:

<input checked="" type="checkbox"/> Suicidal Ideation, Gestures, Attempts (3 pts)	<input checked="" type="checkbox"/> Violent Behavior (toward others/animals/property)3pts	<input checked="" type="checkbox"/> Chargeable for Sex Offense (3 pts)
<input checked="" type="checkbox"/> Self-Injurious Behavior (2 pts)	<input checked="" type="checkbox"/> Hears voices/Sees things (2 pts)	<input checked="" type="checkbox"/> Fire Setting – Current or History (2 pts)
<input checked="" type="checkbox"/> Acute Family Crisis (2 pts)	<input checked="" type="checkbox"/> Victim of Physical, Emotional or Sexual Abuse (2 pts)	<input checked="" type="checkbox"/> Verbal/Written Threats to Others (2 pts)
<input checked="" type="checkbox"/> Runaway – Current or History (2 pts)	<input checked="" type="checkbox"/> Youth/Family's Lack of Stable residence/homelessness (2 pts)	<input checked="" type="checkbox"/> Suspected Abuse in current placement (2 pts)
<input checked="" type="checkbox"/> Availability of Weapons (2 pts)	<input checked="" type="checkbox"/> Parent w/Severe Chronic Illness (2 pts)	<input checked="" type="checkbox"/> Parent w/ Drug or Alcohol problem (2 pts)
<input checked="" type="checkbox"/> Limited Developmental Capacity to maintain personal safety (2pts)	<input checked="" type="checkbox"/> Sexual Acting Out/Impulsivity – Current or History (2 pts)	<input checked="" type="checkbox"/> Parent w/ Chronic/Acute Mental Ill, Dev. Delay, MR (2 pts)
<input checked="" type="checkbox"/> Aggressive Behaviors (toward others, animals, property) (1 pt)	<input checked="" type="checkbox"/> Drug/Alcohol Use (1 pt)	<input checked="" type="checkbox"/> Lack of Caregiver Supervision and/or Monitoring or Neglect (1 pt)
<input checked="" type="checkbox"/> Resides in High Crime Neighborhood (1 pt)	<input checked="" type="checkbox"/> Negative Peer Involvement and/or Gang activity (1 pt)	<input checked="" type="checkbox"/> Anorexia/Bulimia (1pt)
<input checked="" type="checkbox"/> Suspended, Expelled, Dropped Out of School (1 pt)	<input checked="" type="checkbox"/> Family Conflict (1 pt)	<input checked="" type="checkbox"/> Truancy (1 pt)
<input checked="" type="checkbox"/> Known/Suspected Criminal Activity (1 pt)	<input checked="" type="checkbox"/> Prejudicial Thinking/Ideation (1 pt)	<input checked="" type="checkbox"/> Limited Ability to Control Anger (1 pt)
<input checked="" type="checkbox"/> Unrestricted Internet Access (1 pt)	<input checked="" type="checkbox"/> Impulsive Behavior (1 pt)	<input checked="" type="checkbox"/> Emotional/Educational Disabilities (1 pt)
<input checked="" type="checkbox"/> Depression – Current or History (1 pt)	<input checked="" type="checkbox"/> Held Back/Behind in Grade level (1 pt)	<input checked="" type="checkbox"/> Difficulty Accepting Supervision/Instruction (1 pt)
<input checked="" type="checkbox"/> Youth with severe chronic illness (1 pt)	<input checked="" type="checkbox"/> Youth with chronic/acute Mental Ill, Dev. Delay, MR (1 pt)	<input checked="" type="checkbox"/> Stealing (1pt)
<input checked="" type="checkbox"/> Enuresis/Encopresis (1 pt)	<input checked="" type="checkbox"/> Self-esteem Problems (1 pt)	<input checked="" type="checkbox"/> Lying (1pt)
<input checked="" type="checkbox"/> Destruction of property (1pt)	<input checked="" type="checkbox"/> Hygiene Problems (1 pt)	<input checked="" type="checkbox"/> Other (describe): _____ (1 pt)

Are you requesting a Child & Family Team meeting because the family is experiencing barriers within or between agencies? 🍏 NO 🍏 YES

If yes, please describe: _____

Total Score: _____

Intake By: _____

Information Source: _____

Relationship to Youth: _____

At-Risk Screen Interpretation

Score of:

Results in following action:

Any “3” point item

An **Emergency** Child & Family Team meeting will be held w/in 48 hrs. The Program Coordinator will ensure a meeting occurs.

15+

FORMAL Child and Family Team assigned to Program Coordinator due to the high risk, high need situation of the youth/family which requires active interagency collaboration and facilitation.

7-15

INFORMAL Child and Family Team
Currently involved agencies continue to provide service coordination but do not need the use of a neutral facilitator. Program Coordinator will accept requests from the Child and Family Team to access available funding.

1-6

INFORMATION & REFERRAL
Family will be linked up with existing community services and a Child and Family Team is not formed. Agency representatives will take normal action per their agency to continue providing services for the child, youth, and/or family.

Definitions for At-Risk Screening Tool

Suicide ideation, gestures, or attempts (3 pts) – Active Threat

Ideation: Youth states, talks, or thinks about hurting or killing self.

Gestures: Youth engages in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.

Attempt: Serious life threatening attempt with clear intent and desire to commit suicide. (Attempted hanging; potentially lethal overdose; involvement of a gun)

Self-Injurious Behaviors: (2 pts)

Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects.

Violent Behaviors (Towards others, animals or property): (3 pts)

Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm.

Fire Setting Behaviors: (2 pts)

Fascination with fire, play with matches or objects that have the potential to set fire and harm self or others. Previous reports of fire setting or pattern of concerns related to fire.

Runaway: (2 pts)

History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts

Chargeable Sex Offense (3 pts)

Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.

Aggressive Behaviors (Towards animals, property, others, etc.): (1 pt)

Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying, threatening.

Verbal or Written Threats to Others: (2 pts)

Youth states or writes threat of harm toward people, places, or things.

Suspended, Expelled, or Dropped Out of School: (1 pt)

Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.

Known/Suspected Criminal Activity: (1 pt)

Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behaviors(s); or the youth has been found "guilty" of criminal charges.

Availability of Weapons: (2 pts)

Youth has access to obtaining weapons through self, family, friends, or neighbors.

Depression: (1 pt)

Youth or parents state the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities.

Hears voices or sees things: (2 pts)

Youth states hearing voices or seeing things that are not based in reality.

Impulsive Behaviors: (1 pt)

Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.

Anorexia or Bulimia: (1 pt)

Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.

Victimization: (2 pts)

Reports of sexual and/or physical abuse of the youth, past or present. [Professionals must follow duty to report mandate if this event has not already been reported.]

Sexual acting out: (2 pts)

Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes

Youth uses drugs or alcohol: (1 pt)

Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.

Negative peer involvement or gang activity: (1 pt)

Peer or gang involvement that results in negative behaviors by the youth.

Parents with chronic/acute mental illness, developmental delay, mental retardation: (2 pts)

Parent or caretaker has significant mental illness, developmental disability, or mental retardation where the disability compromises or limits his or her ability to care for the needs of the youth and family. Parents disability may limit their ability to monitor and supervise the youth.

Parent with Drug or Alcohol Problem: (2 pts)

Parent or caretaker has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.

Parent with severe chronic illness: (2 pts)

Parent or caretaker has significant chronic illness that is debilitating and limits his or her ability to care for the needs of youth and family. Parent's illness may limit their ability to monitor and supervise the youth.

Resides in high crime neighborhood: (1 pt)

Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family? Normal daily activity and functioning is limited because of these safety concerns.

Prejudicial thinking: (1 pt)

Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to others or property.

Unrestricted internet access: (1 pt)

Evidence of access and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.

Lack of caregiver monitoring and/or supervision: (1 pt)

Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes.

Emotional or Educational Disabilities: (1 pt)

Youth has been assessed to have a serious emotional, developmental, and/or learning disability which may cause functional impairment or limit daily activities, or educational progress.

Acute Family Crisis: (2 pts)

Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for monitor/supervise youth's safety or behaviors.

Family Conflict: (1 pt)

Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family.

Youth's Lack of Stable Residence/Homelessness: (2 pts)

Youth does not have consistent ongoing housing which may lead to additional instability and safety concerns.

Current Placement Suspected Child Abuse: (2 pts)

Abuse is suspected or alleged by current caregiver/guardian, which places child at imminent risk or danger.

Limited Developmental Capacity to Maintain Personal Safety: (2 pts)

Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently. Inability to fully understand safety concerns in certain situations and take appropriate action to maintain safety.

Truancy: (1 pt)

Admitted or reported failure to attend school on a regular basis which may result in legal action.

Limited Ability to Control Anger: (1 pt)

Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.

Held Back/Behind in Grade: (1 pt)

Youth has been retained one or more years in school.

Difficulty Accepting Supervision/Instruction: (1 pt)

Youth demonstrates difficulty following instructions or resists instruction from supervisors.

Youth with severe chronic illness: (1 pt)

Youth is impaired by a long-term condition or illness that limits his/her physical ability.

Youth with chronic/acute mental illness, developmental delay, or mental retardation: (1 pt)

Youth is impaired by a long or short-term mental illness, developmental delay, or has been diagnosed mentally retardation where the disability compromises or limits his/her abilities.

Stealing: (1 pt)

Youth willingly takes the property of another without permission with the intention of wrongfully keeping it.

Enuresis/Encopresis: (1 pt)

Youth has episodes of bedwetting, urinary incontinence, or fecal incontinence that is not related to the natural development of the youth.

Self-esteem Problems: (1 pt)

Youth lacks confidence, pride, or satisfaction in oneself.

Lying: (1 pt)

Youth makes untrue statements with the intent to deceive or creates false/misleading impressions.

Destruction of property: (1 pt)

Youth ruins or tears up property without consideration of owner or cost to repair.

Hygiene Problems: (1 pt)

Youth lacks proper self-care techniques, has body odor, and appears dirty or unkempt.