

REFERRAL FORM

Referral Source:	Job Title:	Phone Number:
Referral Date:	Referral Agency/School:	Agency/School Address:
Case Name:	Case Number, if applicable:	Unit, if applicable:

When are you expecting this Family Group Conference to occur?
Are there crucial deadlines that the coordinator needs to be aware of?

Identified Individual:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Mother's Name:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Father's Name:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Please explain to what extent the family has committed themselves to the Family Group Conference Process: _____

What have you and the family and/or identified individual agreed would be the purpose of the conference? _____

If a guardian ad litem, Public Defender, Power of Attorney or Private Attorney has been assigned to the identified individual, please specify:
 Name: _____ Phone: _____ Notified: YES NO
 Address: _____

Is there an active PFA? YES NO
If yes, please list the parties involved: _____

CURRENT LOCATION OF THE INDIVIDUAL(S)*Please fill out what is applicable to your referral

<u>Identified Individual Name</u>	<u>D O B</u>	<u>S e x</u>	<u>R a c e</u>	<u>Type of Placement i.e., home, foster, residential, etc.</u>	<u>Address/Phone</u>	<u>Father's Name for minor children</u>	<u>D O B</u>	<u>R a c e</u>	<u>Address/All Contact Numbers i.e., home, cell, work</u>

KEY PERSONS TO BE INVITED TO THE CONFERENCE

Please list all people that are instrumental to the success of the Conference and Plan

<u>NAME</u>	ADDRESS & ZIP	ALL CONTACT PHONE NUMBERS	RELATIONSHIP TO CHILD	ATTEND (coordinator use only)

Is English the family's primary language? YES NO If no, indicate primary language: _____

What cultural customs or norms does the family have that the coordinator should be aware of?
 YES NO If yes, please explain: _____

Briefly explain how you became involved with the family and/or the identified individual:

List Family Strengths:

- _____
- _____
- _____
- _____
- _____

List Family Concerns:

- _____
- _____
- _____
- _____
- _____

Are there any additional family dynamics the coordinator should be aware of (i.e. substance abuse, mental health or mental retardation issues): _____

If known, please indicate the history of any domestic violence within the immediate and/or extended family
Explain how this may affect the conference: _____

If known, please indicate any past or present sexual abuse amongst the family members? Explain how this may affect the conference: _____

If known, please indicate any accommodations that need to be made for any participant

