LOGAN COUNTY FAMILY AND CHILDREN FIRST COUNCIL

1973 State Route 47 W., P. O. Box 710 Phone (937) 292-3041
Bellefontaine, Ohio 43311 Fax (937) 592-7001

A. YOUTH DEMOGRAPHICS

Referral Date: _______________

Caregiver Name(s): ________________________ Parent name(s) if different: ________________________

Address: ________________________ Address: ________________________

________________________ ________________________

Phone: ________________________ Phone: ________________________

Email: ________________________ Email: ________________________

If Caregiver is not Parent, what is relationship to child: ________________________

Custody Type: ___ Parent ____ Kinship ___ Children's Services ___Family Court

Child(ren) living in the home: *(** Please check children being referred for services**)*

Need Service:	Names:	DOB:	School:	Gender:	Race:
1)	____________________	___/___/___	______________	______	__________
2)	____________________	___/___/___	______________	______	__________
3)	____________________	___/___/___	______________	______	__________
4)	____________________	___/___/___	______________	______	__________
5)	____________________	___/___/___	______________	______	__________

***Note: Exchange of information will be needed for each child**

B. REFERRAL SOURCE

Name of person making referral:____________________

Agency/Relationship to child:____________________

Email Address:____________________

Phone Number:____________________

REASON FOR REFERRAL:

3. Are there cultural considerations that the team should be aware of?:

4. Areas of Need: (***if more than one child please put corresponding number on line***)

____ Developmental Disabilities ____ Child Abuse ____ Unruly ____ Physical Health ____ Special Ed
____ Mental Health ____ Child Neglect ____ Delinquent ____ Alcohol/Drug ____ Poverty
____ Primary Care Provider

C. TEAM FORMATION INFORMATION

4. What agencies are currently involved with the family? Please check all that apply:

Name Of Agency	Contact Person	Phone Number and/or Email	Individual Served	Service Provided

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FAMILY ASSESSMENT (Family Development Matrix-FDM) *Institute for Community Collaborative Studies, California State University, Monterey Bay*	
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(required every 180 days m/yr):	**RATING/Date Reviewed**	**FCFC Review Dates Progress Measured (FOR FCFC USE ONLY)**		
		Rating at Referral	Date	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.					

Please send completed referral form (pg. 1), FDM assessment (pg. 2), and signed release to:

Program Coordinator

By Email: mhuffman@logancbdd.org by Fax: 937-592-7001

Or By Mail: 1973 St Rt 47 W, PO BOX 710, Bellefontaine, 43311

937-292-3040

*For FCFC Use Only:

Date referral received: ________ € Open/Eligible € Eligible/Waiting List € Not Eligible Date Triage Reviewed: ________

Outcome: € Level 1 I&R € Level 2: Informal € Level 3: Formal Facilitator: ________________ Agency: _______________

Date family notified of status/ How Notified :_______________________________ Staff Initials: ______ Director Initials: _______

IF DENIED, WHAT RESOURCES/RECOMMENDATIONS PROVIDED? ____