

## Youth and Family Services Referral

Client Information				
Child's Name: Last	First	Middle	Social Security Number	Birthdate: Month Day Year
Preferred Language	Gender		Ethnicity	
Child's School			Grade/Year	
<b>Foster Parent /Legal Guardian Name</b>		Insurance Options		
<b>Contact Information</b> (if applicable)		<input type="checkbox"/> Medi-Cal # _____ County _____ <input type="checkbox"/> Healthy Kids # _____		

Parent Name/Address				
Name	Address		Street Type	Apt. #
City	State	Zip	Telephone	Extension

Mental Health Information (please complete as best you can)
<b>Reason for Referral:</b>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Child's Functioning at Home and School:</b>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Family Information: (client/family strengths, living situation, stressors)</b>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Current Support Services
Primary Support <input type="checkbox"/> Seneca wraparound <input type="checkbox"/> active IEP (qualifying condition _____) <input type="checkbox"/> Center for Domestic Peace <input type="checkbox"/> school based counseling
<b>Is the client placed in foster care?</b> If yes, please provide information regarding family reunification plans and current visitation information.
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Is the parent currently involved in CalWORKS?</b> If yes, please indicate the name of the CalWORKS case manager and contact information: _____

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<b>Current Stressors</b>	
Primary Support	<input type="checkbox"/> death of family member <input type="checkbox"/> health problems in family <input type="checkbox"/> separation or divorce of parents <input type="checkbox"/> child removed from home <input type="checkbox"/> abuse/neglect <input type="checkbox"/> separation from caregiver due to trauma
Social Environment	<input type="checkbox"/> death or loss of friend <input type="checkbox"/> lack of social support <input type="checkbox"/> problems with acculturation <input type="checkbox"/> discrimination <input type="checkbox"/> language limitations <input type="checkbox"/> difficulty adjusting to life-cycle transition
Educational	<input type="checkbox"/> academic problems <input type="checkbox"/> discord with teachers or classmates <input type="checkbox"/> excessive tardies or absences <input type="checkbox"/> none of the above
Housing	<input type="checkbox"/> homeless <input type="checkbox"/> inadequate housing <input type="checkbox"/> unsafe neighborhood <input type="checkbox"/> discord in family <input type="checkbox"/> none of the above
Economic	<input type="checkbox"/> extreme poverty <input type="checkbox"/> inadequate finances <input type="checkbox"/> in need of food stamps or other social service
Access to Health Care Services	
<input type="checkbox"/> inadequate health insurance <input type="checkbox"/> inadequate health care services <input type="checkbox"/> transportation to health care facilities unavailable <input type="checkbox"/> none of the above	
Interaction with the Legal System/Crime	
<input type="checkbox"/> on probation <input type="checkbox"/> arrest <input type="checkbox"/> incarceration <input type="checkbox"/> litigation <input type="checkbox"/> victim of a crime <input type="checkbox"/> none of the above	
Other Psychosocial and Environmental	
<input type="checkbox"/> exposure to violence or other dangers <input type="checkbox"/> discord with non-family caregivers such as counselor, social worker or physician <input type="checkbox"/> unavailability of social service agencies <input type="checkbox"/> none of the above	

<b>Other Areas of Concern Not Listed Above or Further Comments to explain anything pertinent you've checked above (e.g. substance use, trauma, sexual orientation, immigration, foster care, etc.):</b>

<b>Referred By: (note relationship to referred client)</b>		
Printed Name	Phone	E-mail
Signature	Agency	Date

Please fax this referral to **YFS Intake** at **473-3080** or mail to:

**YFS Intake**  
**3230 Kerner Blvd.**  
**San Rafael, CA 94901**