Coshocton County Family & Children First Council

Creative options

REFERRAL FOR SERVICES

Family Name Youth being referred Date

Gender of youth being referred Race of youth being referred DOB

**Parent/Custodian Information**

Mother’s/Custodian Name Custody: yes No Phone

Address Employment

Father’s/ Custodian Name Custody: yes No Phone

Address Employment

Foster Placement: yes No Relative: Yes No Permanent: yes No

Referring Professional Agency Phone

|  |  |  |
| --- | --- | --- |
| Coshocton Behavioral Health Choices | Early Head Start | Church/ religion Involvement |
| Juvenile Court | Head Start | Mentoring Center |
| Job and Family Services | Coshocton City Schools | County Health Department |
| Coshocton County Board of Developmental Disabilities  | Ridgewood Schools | City Health Department |
| Allwell Behavioral Health  | River View Schools | Family PACT |
| Department of Youth Services  | Opportunity School | Help Me Grow |
| First Step  | Alternative School | Other: |

CURRENT AGENCY INVOLVEMENT: (Check all that apply)

RECOMMENDED TEAM MEMBERS:

REASON FOR REFERRAL: (Explain what “informal linkages” and steps have been taken to resolve the situation prior to referring to Creative Options, along with the anticipated service needs.)

GOALS:

What are the goals/ outcomes that the family wants to achieve?

Short Term 60 days

Long Term 6 months

Is at least one parent/ custodian willing to be on the integrated service team?

***Please Submit completed form with the release of information to Family and Children First Council.***

***724 S 7Th Street Coshocton, OH 43812 FAX (740)-291-0835 Phone: 740-295-7311***

***Email:*** ***Amyboal@coshoctoncounrty.net*** ***or Alexiamckay@coshoctoncounty.net***