

Office Use Only(Rev. 12/08) (Completed by Project Coordinator)	Received: ___/___/___ Enrollment Date: ___/___/___ Assigned to Service Coordinator: _____
(Completed by Service Coordinator)	County ID #: _____ Intro Meeting ___/___/___

SAUK COUNTY FAMILIES COME FIRST REFERRAL FORM

1. Referred by (name/title/agency) _____
Date ___/___/___ Referral Person's Phone Number(s) _____
2. Full Name of Child _____
3. Date of Birth ___/___/___ Age _____ Gender: Male Female
4. Social Security No. _____-_____-_____
4. Race: A-Asian B-Black I-American Indian P-Native Hawaiian W-White
5. Does child have Medical Assistance/BadgerCare? NO YES ⇒ # _____
6. Primary Caregivers _____ Relationship to Child _____
7. Address _____ City: _____
Home Phone _____ Cell Phone _____ Other Phone: _____
Best days/times to call _____
8. Who else lives in the above home? (Please list full names.)

Name	DOB	Relationship to Referred Child/Adolescent

9. Please list child's parents' full names, dates of birth, and location if not listed above.

Name	DOB	Location

10. List other people who are significant supports to the child/family who live outside the home.

Name	Relationship to Child	Location	Phone

11. School & District _____ Grade _____

School contact person and title _____

12. Is the child in a special education program at school (IEP)? NO YES TYPE: _____

13. Does the family have a county social worker? NO YES ⇒ Name _____

14. Does the child receive mental health services? NO YES ⇒ Agency _____

Provider Name/Title _____ Phone _____

15. Does the child receive substance abuse services? NO YES ⇒ Agency _____

Provider Name/Title _____ Phone _____

16. Please summarize the issues that led up to this referral to Families Come First?

17. What are the family's most significant and pressing concerns or needs at this time?

18. What has the family tried on their own to address these issues?

19. What has helped with the issues, even sometimes?

20. In considering this referral, what other programs or referrals were tried or considered?

21. What is the anticipated benefit of the FCF process for the family?

22. What are the child's strengths?

23. What are the family's strengths?

24. What are the family members' opinions or questions about becoming involved with FCF?

25. What other information is important to know regarding this child and family? Please include any significant information regarding any mental or physical health difficulties, abuse/neglect history, attendance or academic concerns, and/or financial and legal issues.

26. Who does the family go to for help and support? Please list personal and professional supports not listed above (Examples: relatives, clergy, school staff, coaches, mentors, neighbors, friends).

Name	Title/Relationship	Agency/Location	Phone

⇒ Please attach additional page(s) with any other information that may be helpful for this referral.

Sauk County Families Come First (FCF) Consent for Referral and Participation

*This form needs to be completed and included with the FCF Referral Form.

Full Name of Referred Child _____

Child's Date of Birth ____/____/____

To the child and parent/legal guardian: Please initial after reading through each statement to indicate your agreement, and sign at the bottom.

	Initials	Initials
<ul style="list-style-type: none"> I give my consent to (name of referring person) _____ to refer my child and family members as identified to Sauk County's Families Come First program. I agree to participate in the team process and to play an active role in the assessment and case planning. 		
<ul style="list-style-type: none"> I understand that I will be expected to identify the service providers working with my family and to sign release of information forms authorizing the exchange of information. I realize that while our family is involved in the Families Come First process, it will be necessary for service providers and team members to routinely review and share information about my child and family members. 		
<ul style="list-style-type: none"> I understand that referral information regarding my child and my family will be shared by the referring person listed above with Sauk County's Families Come First staff for the purpose of determining eligibility for the program. 		
<ul style="list-style-type: none"> I agree to be contacted by Families Come First staff. 		

Signature of Child (if over age 12) _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Witness _____ Date _____