

The Children's Aid Home Programs of Somerset County, Inc. Functional Family Therapy REFERRAL FORM

Referral Date _								
CHILD INF	ORMATION							
Child Last Name		First		MI	D.O.B.	Age	Sex	
							□ M □ F	
Address (Street	Address, City, State, Zip C	ode)	County	/ Teleph Numb		SS Number		
				Numb	er(s)			
			Race			Place of Bir	th	
Current School	District / Address / Phone (i	f available)	Primar	Primary Language Spoken			Grade	
Poforral S	OURCE (Name of person/a		I-7)•					
	mber of Referral Se		ia).					
	r Referral (Be specific -		if nocossanı):					
reason to	Trecerral (be specific -	- Ose additional sheets	ii riecessary).					
	☐ Runaway	□ Substance			luct Problems			
	□ Physical Aggression□ Truancy	DelinquencySchool Suspension	□ Verbal Agg ons □ Property De		□ Theft			
<u> </u>	☐ Truancy	□ School Suspensio	ons <u>a Property De</u>	estruction				
Diagon Dog	a a wila a .							
Please Des	scribe:							
Current Service	e Providers / Involved Par	ties (Use additional she	eets if necessary.):					
						Dates of	Type of	
	e of Service Provider	Worker	Address (Street Add	ress, City, St	ate, Zip)	Placement	Svc/Placement	
1.								
2.								
3.								
4.								
4 .								
Past Placemen	nts and/or Service Provide	rs (Use additional shee	ts if necessary.)					
			• •					
Name	e of Service Provider	Address (St	treet Address, City, State	e, Zip Code)		Telephone	Provider Type	
Namo	e of Service Provider	Address (St	treet Address, City, State	e, Zip Code)		Telephone	Provider Type	
	e of Service Provider	Address (St	treet Address, City, State	e, Zip Code)		Telephone	Provider Type	

Name of Service Provider Address (Street Address, City, State, Zip Code) Telephone Provider Type	Past Placements and/or Serv	vice Providers (Us	se additional sheets	if necessary.)						
HOME DEMOGRAPHICS Does the child reside with natural parents? VES NO Others in the home and relationship to youth: If no, current living arrangement:		Address (Street Address, City, State, Zip Code)) Telephone	Provider Type				
HOME DEMOGRAPHICS Does the child reside with natural parents? YES NO Others in the home and relationship to youth: INSURANCE INFORMATION Others in the home and relationship to youth: INSURANCE INFORMATION Others in the home and relationship to youth: INSURANCE INFORMATION I MA/Access	3.									
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Others in the home and relationship to youth:	•									
NSURANCE INFORMATION										
Is child covered by insurance? MA/Access BC/BS UPMC Gateway Other (Specify) Secondary Behavioral Health Care Provider / Number(s): PARENT INFORMATION Mother's Last Name First Middle Birth Date Age	Others in the home and relation	onship to youth:								
Is child covered by insurance? ☐ MA/Access ☐ BC/BS ☐ UPMC ☐ Gateway ☐ Other (Specify) ☐ Gateway ☐ Other (Specify										
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Primary Behavioral Health Care Provider / Number(s): Secondary Behavioral Health Care Provider / Number(s):	INSURANCE INFOR	MATION		(PLE	ASE ATTACH	A COPY OF THE CH	ILD S INSURANCE			
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