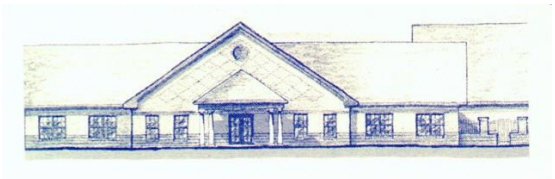

The Children's Aid Home Programs
of Somerset County, Inc.

Functional Family Therapy
REFERRAL FORM

Referral Date _____

CHILD INFORMATION

Child Last Name	First	MI	D.O.B.	Age	Sex ☐ M ☐ F

Address (Street Address, City, State, Zip Code)	County	Telephone Number(s)	SS Number
	Race		Place of Birth
Current School District / Address / Phone (if available)	Primary Language Spoken		Grade

Referral Source (Name of person/agency who referred child):

Phone Number of Referral Source:

Reason for Referral (Be specific – Use additional sheets if necessary):

❑ Runaway	❑ Family Conflict	❑ Substance Abuse	❑ Conduct Problems
❑ Physical Aggression	❑ Delinquency	❑ Verbal Aggression	❑ Theft
❑ Truancy	❑ School Suspensions	❑ Property Destruction	

Please Describe:

Current Service Providers / Involved Parties (Use additional sheets if necessary.):

Name of Service Provider	Worker	Address (Street Address, City, State, Zip)	Dates of Placement	Type of Svc/Placement
1.				
2.				
3.				
4.				

Past Placements and/or Service Providers (Use additional sheets if necessary.)

Name of Service Provider	Address (Street Address, City, State, Zip Code)	Telephone	Provider Type
1.			
2.			
3.			

Past Placements and/or Service Providers (Use additional sheets if necessary.)

Name of Service Provider	Address (Street Address, City, State, Zip Code)	Telephone	Provider Type
4.			

HOME DEMOGRAPHICS

Does the child reside with natural parents? ☐ Yes ☐ No	If no, current living arrangement:	Relationship to youth:

Others in the home and relationship to youth:

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF THE CHILD'S INSURANCE

Is child covered by insurance? ☐ Yes ☐ No	☐ MA/Access ☐ BC/BS ☐ UPMC ☐ Gateway	☐ Other (Specify)

Primary Behavioral Health Care Provider / Number(s):	Secondary Behavioral Health Care Provider / Number(s):

PARENT INFORMATION

Biological Mother's Last Name	First	Middle	Birth Date	Age
Address (Street Address, City, State, Zip Code)			Marital Status	Telephone
Biological Father's Last Name	First	Middle	Birth Date / /	Age
Address (Street Address, City, State, Zip Code)			Marital Status	Telephone

Functional Family Therapy Overview:

Functional Family Therapy (FFT) • Targets at-risk youth ages 11-18 and their families (must have caretaker)

• Focuses on family relations and communication; builds on strengths as motivation for change
• Home based intervention
• Length of treatment: average 12 -14 sessions for most cases
• Caseload 10 per therapist
• Phases of Treatment: Engagement & Motivation, Behavior Change and Generalization
• Weekly Team Supervision

Behaviors include:

- Youth with anti-social behavior
- Aggressive, conduct disorder
- Drug Use, school behavior, referrals, truant and drop-out.
- Family Conflict

PLEASE DO NOT WRITE BELOW THIS LINE (staff use only)

Efforts made to provide referral source with possible alternatives to placement:	☐ Accepted (reason):
	❑ Denied (reason):