

Referral Information

Date	FGCS/QRTP Contractor	HHS Service Area
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Referring Worker

Name	Email	Phone Number
City	County	Cell Phone

Referring Worker Supervisor Information

Supervisor Name		
Email		Cell Phone

FCS Family Support Specialist Information

Name	Email	Cell Phone
Supervisor	Email	Cell Phone

Child Demographics

Name		
Date of Birth	State ID	Language
<input type="checkbox"/> Male <input type="checkbox"/> Female	Does child identify as LGBTQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race
Current Care Setting		
City	State	Phone Number

Education

School District	Current School	Grade
IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Behavioral <input type="checkbox"/> Educational	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No

Mental and Physical Health

Date of Last Physical Exam	Date of Last Dental Exam	Date of Last Vision Exam
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Medical or physical needs known:

Mental health diagnosis (include known alcohol and drug abuse):

Current Medications

Known Allergies

Insurance

MCO	TXIX Number	Private Insurance	Indian Child Welfare Act <input type="checkbox"/> Yes <input type="checkbox"/> No
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Court and SFM/YTDM/YCPM Meetings

Next Court Date	No Contact Order <input type="checkbox"/> Yes <input type="checkbox"/> No	With Whom
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Next SFM Meeting Date	Next YTDM/YCPM Meeting Date
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Responsible Parties

Parent's Name	Parent's Name
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Phone Number	Phone Number
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Address	Address
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Email	Email
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Who has custody?

Child's Support

Relative or Fictive Kin's Name	Relative or Fictive Kin's Name
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Phone Number	Phone Number
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Address	Address
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Email	Email
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Others who are a support:	Others who are a support:
Name	Name
Phone Number	Phone Number
Address	Address
Email	Email
Guardian ad litem	Attorney
Phone Number	Phone Number
Email	Email

Child's Needs and Expected Outcomes
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Reason for referral:
Specific treatment needs to be addressed:
Plan for family involvement, contacts, and frequency:
If not included in the above narrative, identify any risks the child would present to self or others:
Current permanency plan after completion of group care stay:
The information and documents below are to be included with all FGCS referrals. In the "included" box, place an "X" if the item is attached or an "N/A" if the item is not available or not applicable.

Included	Referral Items
	Placement Agreement, form 470-0719
	3055
	HHS Case Plan (Part A, B, C)
	Social History
	Criminal/Delinquency History
	Treatment History, including indication of previously successful modalities
	Current Services, if not part of HHS Case Plan

Included	Referral Items
	Court Report (most recent)
	FCS Service Plan/Case Progress Report (most recent)
	Transition Plan, if child is over 14 years old
	IEP/School Behavior Plan
	Any pertinent evaluations or screening tools (substance abuse, mental health, domestic violence, risk, level of care)
	Most recent psychological report
	Most recent psychiatric report
	Court Order
	QRTP Admission Clinical Review Form and other assessment documents
	No Contact Order
Explanation for items not included:	