**FAMILY RESOURCE CENTER**
**REFERRAL FROM PROFESSIONAL**

## A. BASIC CLIENT DEMOGRAPHICS:

Last Name: _____ First Name: _____ MI: ___

Address: _____
(street) (city) (state) (zip)

Telephone: (_____) _____ Date of Birth: ___/___/___

Gender:
- ☐ Male
- ☐ Female

Ethnicity:
- ☐ (1) White (non-Hispanic)
- ☐ (2) African American (non-Hispanic)
- ☐ (3) Hispanic
- ☐ (4) Asian/Pacific Islander
- ☐ (5) American Indian
- ☐ (6) Multi-racial
- ☐ (7) Other (_____)

Primary Language:
- ☐ (1) English
- ☐ (2) Spanish
- ☐ (3) Other (_____)

Birth Certificate #: _____ School Name: _____
Medicaid #: _____ Student ID #: _____
Med Insurance #: _____ (Name: _____)

## B. REFERRAL SOURCE:

Date of the Referral: ____/____/____

Last Name: _____ Agency Name: _____

Address: _____
(street) (city) (state) (zip)

Telephone: (_____) _____

Referral Source: ☐ (1) Court ☐ (2) DHS ☐ (3) CMH ☐ (4) School ☐ Other (_____)

DHS Worker: _____ Telephone: (_____) _____

CMH Worker: _____ Telephone: (_____) _____

Probation Officer: _____ Telephone: (_____) _____

Reason referred: (check as many as apply). Child is/has:

- ☐ Homeless/has basic needs
- ☐ Drug use/abuse
- ☐ Neglected and/or abused
- ☐ Arrested and/or convicted
- ☐ Placed out of home
- ☐ Serious behavior problems
- ☐ Other (_____)

## C. FAMILY/SIGNIFICANT OTHER:

**Mother:** Last Name: _____ First Name: _____

Address: _____
(street) (city) (state) (zip)

Home Telephone: (_____) _____ Work Telephone: (_____) _____

**Father:** Last Name: _____ First Name: _____

Address: _____
(street) (city) (state) (zip)

Home Telephone: (_____) _____ Work Telephone: (_____) _____

**Legal Guardian:** Last Name: _____ First Name: _____

Address: _____
(street) (city) (state) (zip)

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Relationship to Client: _____ Legal Status: _____

**Emergency Contact**: ☐ Mother ☐ Father ☐ Guardian

If another: Last Name: _____ First Name: _____

Phone: (_____) _____

**HAS INFORMED CONSENT BEEN GIVEN?** ☐ Yes ☐ No

**HAS A RELEASE OF INFORMATION BEEN SIGNED?** ☐ Yes ☐ No

**COMMENTS:**_____
_____
_____

Form completed by: _____ Date: ____/____/____

Date entered into database: ____/____/____ by _____