



# FAMILY CRISIS INTERVENTION UNIT REFERRAL FORM

All referrals can be emailed to Britnie Boyd Stanislaus, LCSW at [britnie.boyd-stanislaus@centerffs.org](mailto:britnie.boyd-stanislaus@centerffs.org)

**Bilingual Staff Member:** Y / N  
**DCP&P Involved:** Y / N  
**Station House Adj:** Y / N  
**Probation Supervision:** Y / N

**CHECK ONE:** \_\_\_\_\_ FCIU Counseling Services  
\_\_\_\_\_ FCIU Group

**Assigned FCIU Staff:** \_\_\_\_\_  
**Awards ID#:** \_\_\_\_\_

### FAMILY/YOUTH INFORMATION:

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Annual Income Amt. \_\_\_\_\_

**Legal Guardian Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ **Home/Work/Cell/Other EMAIL:** \_\_\_\_\_

**Legal Guardian Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ **Home/Work/Cell/Other EMAIL:** \_\_\_\_\_

Siblings (*name & DOB*): \_\_\_\_\_

Emergency Contact Other than Guardian (*name & number*): \_\_\_\_\_

How many people are currently in the home? \_\_\_\_\_ Identify \_\_\_\_\_

### REFERRAL INFORMATION:

**Referral Source/Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SESSION LOCATION:** \_\_\_\_\_ Office \_\_\_\_\_ Home (*priority to families with transportation or medical challenges*)

#### **Primary Concern (Choose ONE only):**

- \_\_\_\_\_ Conflict between Parent/Guardian and Youth
- \_\_\_\_\_ Unauthorized Absence by Youth for More than 24 Hours
- \_\_\_\_\_ Disorderly Person or Petty Disorderly Diverted to FCIU
- \_\_\_\_\_ Serious Threat to Well-Being and Physical Safety of Youth
- \_\_\_\_\_ Truancy

#### **Secondary Concern (Choose ONE only):**

- \_\_\_\_\_ Conflict between Parent/Guardian and Youth
- \_\_\_\_\_ Unauthorized Absence by Youth for More than 24 Hours
- \_\_\_\_\_ Disorderly Person or Petty Disorderly Diverted to FCIU
- \_\_\_\_\_ Serious Threat to Well-Being and Physical Safety of Youth
- \_\_\_\_\_ Truancy
- \_\_\_\_\_ Mental/Behavioral Health (including suicide)
- \_\_\_\_\_ Substance Use/Abuse
- \_\_\_\_\_ None
- \_\_\_\_\_ Other: specify: \_\_\_\_\_

Details on Presenting Concerns: \_\_\_\_\_

Strengths: \_\_\_\_\_

**YOUTH'S SCHOOL/VOCATIONAL INFORMATION:**

School: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

CST Evaluation: \_\_\_ YES \_\_\_ NO Grade: \_\_\_\_\_ Classification: \_\_\_\_\_

Current Education: \_\_\_ Regular/Vocational \_\_\_ Special Ed. \_\_\_ Post HS Education \_\_\_ Not in School

Highest Grade Completed at School: \_\_\_\_\_ Youth Employed: Yes/No

**OTHER INTEVENTION(S):**

Current Intervention(s): Youth / Family

Agency/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Past Intervention(s): Youth / Family

Agency/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

PES Evaluation/Hospitalizations: Y/ N Date: \_\_\_\_\_ Current Medications: \_\_\_\_\_

**Youth's Insurance Information:** \_\_\_\_\_

**IDENTIFY ALL SAFETY/RISK FACTORS:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Suicidal/homicidal ideation | <input type="checkbox"/> Substance use/abuse          | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Weapons in the home         | <input type="checkbox"/> Aggression/Domestic Violence | <input type="checkbox"/> Runaway      |
| <input type="checkbox"/> Contagious illness          | <input type="checkbox"/> Animals in the home          | <input type="checkbox"/> Environment  |

Explain (all checked risk factors, who, when, frequency, intensity, duration): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FCIU STAFF ONLY:**

**Emergency Intake:** \_\_\_ YES \_\_\_ NO (session on the same date as referral)

**Referral Accepted By:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of Initial Contact w/ Family (must occur within 24hrs):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Re-Referral (within Jan-Dec):** \_\_\_ YES \_\_\_ NO

# of Re-referrals: \_\_\_\_\_ Date of Re-Referral: \_\_\_\_\_ Date of Last-Referral: \_\_\_\_\_

Re-Referral Reason: \_\_\_ New Presenting Issue \_\_\_ Clinically Appropriate \_\_\_ Felt Situation was Resolved \_\_\_ Other specify: \_\_\_\_\_

**SAFETY FOR HOME VISITS: (to be completed for in-home sessions only)**

1) Is anyone else expected in the home during session? \_\_\_ YES \_\_\_ NO Explain: \_\_\_\_\_

2) Guardians agree to in-home intervention and are aware that they need to be present: \_\_\_ YES \_\_\_ NO

3) Does the youth know FCIU is going out? \_\_\_ YES \_\_\_ NO (If session is being held at PD, Parent may be absent)

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_