Prince Edward County
Family Assessment & Planning Team
Referral Form

Please fully complete all sections and submit this form to the Office of Comprehensive Services no later than the Friday prior to your scheduled FAPTeam Meeting. Also the Consent for Release of Confidential Information must be submitted at that time. If this is a request for a residential placement, please complete the Certificate of Need for Medicaid placement along with a CANS.

If you have a service plan in place, please provide a copy (i.e.: IEP).

Date of FAPTeam Meeting: _____

CSA Funding Status:_____Non-Mandated _____Mandated Mandate Type:_____

Name of Person Completing this Form:_____

Agency:_____Phone:_____E-Mail:_____

Identifying Data:

Child's FULL Name: _____
Last First Middle

Date of Birth: _____Age:_____ S.S.#:_____
Must have for funding by CSA Funds

OASIS:_____ (DSS only)

Sex: _____Race: _____

Address _____
Street and P. O. Box if applicable Town/City State/Zipcode

Name of Guardian/Custodian: _____

Relationship:_____

Has the child been screened for Medicaid Eligibility? _____Yes _____No

Is the Child Medicaid Enrolled? _____Yes _____No

If Yes please provide medicaid #_____

Child Support? _____Yes _____No

SSI or Other Income? _____Yes _____No

If No, please indicate insurance information, if any: _____

Has the child been referred for Title IV-E funding? _____Yes_____No_____N/A

Is the child eligible for Title-E funding?_____Yes _____No _____N/A

Family:

Mother's Full Name _____
Last First Middle

Date of Birth: _____ S.S.#:_____ Race: _____

Address _____
Street and P. O. Box if applicable Town/City State/Zipcode

Home Phone _____ Work Phone _____

Father's Full Name _____
Last First Middle

Date of Birth: _____ S.S.#:_____ Race: _____

Address _____
Street and P. O. Box if applicable Town/City State/Zipcode

Home Phone _____ Work Phone _____

Siblings:

Name	DOB/AGE	School	Address	FAPT Referral?

Significant Others, if applicable:

1) Full Name _____
Last First Middle

Date of Birth: _____ S.S.#:_____ Race: _____

Address _____
Street and P. O. Box if applicable Town/City State/Zipcode

Home Phone _____ Work Phone _____

2) Full Name _____
Last First Middle

Date of Birth: _____ S.S.#: _____ Race: _____

Address _____
Street and P. O. Box if applicable Town/City State/Zipcode

Home Phone _____ Work Phone _____

Presenting Problems: *Please give a description of the specific events that led to this FAPTeam meeting:*

_____

_____

_____

_____

_____

_____

_____

_____

Education: School: _____

Grade: _____ Grades Repeated: _____ Special Ed: _____(Yes/No)

Date of last IEP(please attach): _____

Emotional/behavioral problems noted in the school setting:

_____

_____

_____

_____

_____

Present School Year Attendance	____ Poor	____ Good	____ Excellent
Previous School Year Attendance	____ Poor	____ Good	____ Excellent
Scholastic Record	____ Poor	____ Good	____ Excellent
Behavioral Record	____ Poor	____ Good	____ Excellent

Other Information:

Disability? _____Yes _____No If yes, explain: _____

_____

DSS Custody? _____Yes _____No Reason for Custody: _____

_____

Court Involvement? _____Yes _____No Charge(s): _____

_____ Court Date: _____

Medical/Psychological/Psychiatric:

Psychological Evaluation Done: _____Yes _____ No *If Yes, Please Attach*

Psychiatric Evaluation Done: _____Yes _____No *If Yes, Please Attach*

Most Current Diagnosis:_____

_____

_____

_____

_____

_____

_____

_____

Medications:

Medication Name	Dosage Given	Purpose

Other Agency Involvement:

_____ Social Services	_____ Health Department	_____ School
_____ Alliance for Families&Children	_____ Child Development Clinic	
_____ Mental Health	_____ Family Violence Prevention	
_____ Probation/Court System	_____ Adolescent Residential Services	

Other: _____

List all services providers and/or services that are in place or have been in place:

Child and Family Strengths:

Child and Family Needs:

List Short-Term Goals:

List Long-Term Goals:

CANS Information (Attach current CANS)

Date of Most Current CANS:_____CANS Score: _____

I certify that I have completed this form to the best of my knowledge & ability, that I have explored all other options available, and that I have attempted and will continue to attempt to arrange care and services in the least restrictive environment possible.

_____ _____

Signature of Person Completing This Form Date