

### County of Inyo

***Health and Human Services***

Referral Form For

## FIRST Program

*162 J Grove Street, Bishop CA 93514*

*Telephone (760) 873-6533 FAX (760) 873-3277*



Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Client (Youth) Information** | |
| Child’s  Name: DOB: | Address:  Telephone: |
| Age/Grade: | Parent(s) Name:  Other Adult(s): |
| School: |
| Individual Education Plan:   * Yes * No   Date of last IEP:\_\_\_\_\_\_\_\_\_\_\_\_ | Address (if different than youth):  Telephone: |
| History of CPS Involvement:  Yes No Current  History of Probation Involvement:  Yes No Current |
| Other Children in Home:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_ |
| **Referring Agency** | Other Agencies Involved: |
| Referred by:   * Child Protective Services (Date Youth Designated At Risk STRTP:\_\_\_\_\_\_\_) * Juvenile Probation (Date Youth Designated At Risk STRTP:\_\_\_\_\_\_\_) * Inyo County Behavioral Health * School * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Toiyabe Family Services  \_\_ Bishop Paiute Tribe Social Services  \_\_ Kern Regional Center  \_\_ North Star Counseling  \_\_ California Psych Care  \_\_ Great Steps Ahead  \_\_ Wild Iris  \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Reason for Referral** | | | |
| Behaviors of concern and other issues of concern not identified in screening tool: | | | |
| *High Risk Family Referrals Only (Non Probation or CPS)* | | | |
| Family Category Score |  | A family score of 3 or more with a yes in either the child or environment category or an overall score of 6 or more indicates that this family is appropriate for a referral to FIRST.  *Please include the completed Initial Screening Tool with referral.* | |
| Child Category Score |  |
| Environment Category Score |  |
| Total |  |
| *Probation/Child Protective Services Referrals Only* | | | |
| Is youth currently in placement:  Yes No  If so, is placement at risk?  Yes No | | | *Probation*  PACT Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Child Protective Services*  SDM Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Releases of Information have been signed by the youth and parent(s)

I have contacted the parent/caregiver(s) regarding this referral and the parent/caregiver(s) will be contacting the FIRST Team

Please contact the parent/caregiver(s). **They have been made aware** that you will contact them.

Please contact the parent/caregiver(s). **They have NOT been made** **aware** that you will contact them.

*Please follow-up with this referral by contacting the FIRST Team at (760) 873-6533.*