

### 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Client (Youth) Information** |
| Child’sName: 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 CurrentHistory 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.*