

CLUSTER/STAFFING REFERRAL

INSTRUCTIONS:

- 1) Complete all applicable information
- 2) Click "Submit" to send referral to FCF
- 3) Questions? Call 732-5413



TYPE: <input type="checkbox"/> CPS STAFFING <input type="checkbox"/> Initial Cluster <input type="checkbox"/> Cluster Review <input type="checkbox"/> Discharge Planning Cluster <input type="checkbox"/> EMERGENCY CLUSTER	PARTIES INVOLVED: <input type="checkbox"/> Children's Services <input type="checkbox"/> Help Me Grow <input type="checkbox"/> JC - Probation <input type="checkbox"/> JC - Diversion <input type="checkbox"/> Bd of Dev Disabilities	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> School (i.e. Genesis, Wasserman) <input type="checkbox"/> BCMH <input type="checkbox"/> Other: _____
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PLACEMENT REQUEST:		
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Relative
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Group Home

REFERRAL NAME:		SUPERVISOR NAME:	
REFERRAL PHONE:		SUPERVISOR PHONE:	

CLUSTER REQUESTS MUST INCLUDE SCHOOL DISTRICT:

HOME SCHOOL DISTRICT:	
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BACKGROUND

CHILD'S NAME		DATE OF BIRTH	
LEGAL GUARDIAN/ CUSTODY STATUS		SIBLING NAMES/ AGES	
CASA/GAL NAME		RACE	
PARENT/S NAME		PARENT/S PHONE	
CURRENT PLACEMENT		# OF PLACEMENTS	

EDUCATION

SCHOOL		ACADEMIC PROGRESS	
LOCATION		SCHOOL BEHAVIOR	
IEP or SPECIAL ED?			

LEGAL

CURRENT CHARGES		PROBATION OFFICER NAME	
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MENTAL HEALTH

DIAGNOSIS		THERAPIST NAME	
MEDICATIONS		PSYCHIATRIST	
PSYCHIATRIC HOSPITALIZATIONS		PREVIOUS INTERVENTIONS	

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CHILD'S NAME: _____

PHYSICAL HEALTH

DIAGNOSIS OR HEALTH CONCERNS		DOCTOR'S NAME	
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YOUTH BEHAVIOR - Check all that apply: P=Past; C=Current

Premature/low birth weight		Hyperactivity	
Developmental delays		Bizarre Behavior	
Hits, bites, kicks peers or caretaker		Victim of sexual abuse	
Bedwetting/soiling		Victim of physical abuse	
Speech delays		Withdrawn	
Physically aggressive		Sleeping problems	
Property damage		Eating problems	
Defiance		Death in family	
Cursing		Sexual offender	
Lying/stealing		Sexually reactive	
AWOL history		Alcohol/Drug Use	
Suicidal		Smokes cigarettes	
Homicidal		Fire setter	
Problems socializing		Multiple placements	
Attachment problems		Temper tantrums	

CHILD'S STRENGTHS:

BARRIERS TO TREATMENT:

WHAT IS THE GOAL OF THE CLUSTER/STAFFING? WHAT WOULD YOU LIKE TO ACCOMPLISH?

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