



## Community CARE Team Youth Referral Form

Is the youth involved with any of the following services?

- |   |     |    |
|---|-----|----|
| 1. Counseling (outpatient, home-based, or school based) | Yes | No |
| 2. Family & Children First Council                      | Yes | No |
| 3. Board of Developmental Disabilities                  | Yes | No |
| 4. Ongoing Case Worker through Job and Family Services  | Yes | No |
| 5. OhioRISE Care Coordination                           | Yes | No |

If the youth is involved in any of the above services, please reach out for support from the youth's team lead. If the youth is not involved with any of the above services, please feel free to complete this referral form and email it to [councilmanager@tcfcfc.org](mailto:councilmanager@tcfcfc.org). You will receive confirmation of the referral and will be given a date and time to present the non-academic barriers for the youth at risk to the CARE Team. The team will brainstorm information about available supports and services to help meet the needs of the identified youth at risk for you to take back to your setting for discussion and implementation with the family.

<b>Referral Source Name:</b> <small>Click or tap here to enter text.</small>	<b>Date:</b> <small>Click or tap here to enter text.</small>
<b>Referral Source Agency:</b> <small>Click or tap here to enter text.</small>	<b>Referral Source Email:</b> <small>Click or tap here to enter text.</small>
<b>Youth's Grade Level:</b> <small>Click or tap here to enter text.</small>	<b>Home School District:</b> <small>Click or tap here to enter text.</small>
<b>Presenting Concerns:</b> <small>Click or tap here to enter text.</small>	
<b>Family Strengths:</b> <small>Click or tap here to enter text.</small>	
<b>Known or Anticipated Barriers:</b> <small>Click or tap here to enter text.</small>	