FAPT

REFERRAL/ASSESSMENT/REVIEW FORM

# To be completed by CSA Staff

Recd: \_\_\_\_\_\_\_\_Client ID:\_\_\_\_\_\_\_\_\_

Case #:

Init. FAPT

**Identifying Data**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Family Name: | | | |  | | | | | | | | | | | | | | | | | Language spoken at home: | | | | | | | | | | |  | | | | | | | |
| Family’s Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone #: | | | | |  | | | | | | |  |
| Child’s Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Screened for IV-E? Yes  No | | | | | | | | | | | | |
| DOB: |  | | | | | | | | Race: | | | | |  | | | | | Hispanic? | | | | | | | | Screened for Medicaid? Yes  No | | | | | | | | | | | | |
| Sex: | F  M | | | | | | | | Age: | | | | |  | | | | | |  | | | | | | | MEDICAID #: | | | | | |  | | | | | | |
| **CANVAS ID#:**  **(use SSN; for undocumented youth see attached instructions)** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
| Address Child removed from (if applicable): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| If child removed from home and in DHS custody, indicate placement mandate code: Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach initial custody order  Current Living Arrangements: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OASIS ID # (7 digit):** (must have for FOSCA youth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Referral: | | | | | |  | | | | | | | | | Initial Case Manager: | | | | | | | |  | | | | | | | | | | | | Phone #: | | |  | |
| Supervisor’s Signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Court Ordered?** | | | | | | | | | | Services requested (if known): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Next Court Review/Hearing/Return Due Date: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/Placement:** | | | | | | | |  | | | | | | | | | | | | | | Grade: | | |  | | | | | | | | | | | Special Ed? | | | |
| Placement Type: | | | | | |  | | | | | | | | | | | | | | | | Date of Last IEP: | | | | | | | |  | | | | | |  | | | |
| **Student Identification Number:** (must have for ALL youth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is youth prescribed psychotropic medication :** Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENT/GUARDIAN #1 INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | **PARENT/GUARDIAN #2 INFORMATION** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | Name: | |  | | | | | | | | | | | | | |
| SS#: | |  | | | | | | | | | | | | | | | | | | | | | | SS#: | |  | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | Address: | | |  | | | | | | | | | | | | |
| Marital Status: | | | | |  | | | | | | | Insurance: | | | | |  | | | | | | | Marital Status: | | | | |  | | | | | | Insurance: | | |  | |
| Source of Income: | | | | | | |  | | | | | | | | | | | | | | | | | Source of Income: | | | | | | |  | | | | | | | | |
| Home Phone: | | | | | | |  | | | | | | | | | | | | | | | | | Home Phone: | | | | | | |  | | | | | | | | |
| Work Phone: | | | | | | |  | | | | | | | | | | | | | | | | | Work Phone: | | | | | | |  | | | | | | | | |
| Youth’s Siblings:youth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Age: | | | |  | | | | | In Home: | | | | | | | |  | | | | | | | Age: | | |  | | | In Home: | | |
|  | | | | | | | Age: | | | |  | | | | | In Home: | | | | | | | |  | | | | | | | Age: | | |  | | | In Home: | | |
| Others in the Home: | | | | | | | |  | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PRESENTING PROBLEMS/ASSESSMENT OF CHILD/FAMILY:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client: |  | | | | | DOB: | | | |  | | | | |
|  | | | | |  | | | | | |  | | | |
| Include information from direct observation, family report, and client records. | | | | | | | | | | | |
| **CHILD:** | | |  | | | | | | **FAMILY:** | | |
| Psychiatric Diagnosis? Y/N: | | |  | | | | | | M F S O (M-mother, F-father, S-sibling, O-other) | | |
| ADD/ADHD | | | Eating D/O | | | | | | Close caring relationship with child | | |
| Adjustment D/O | | | Intellectual disability | | | | | | Unable to assert parental authority | | |
| Anxiety D/O | | | OCD | | | | | | Mental/emotional illness | | |
| Autism/Develop Delay | | | Oppositional/Defiant | | | | | | Substance abuse | | |
| Bipolar Disorder | | | Psychotic D/O | | | | | | Abuse/neglect of child | | |
| Conduct/Impulse Control D/O | | | PTSD | | | | | | Violent | | |
| Depression | | | Substance Abuse | | | | | | Sexually abusive | | |
| Disruptive Mood Dysregulation | | | Other | | | | | | Excessively critical/blaming | | |
| Disorder (DMDD) | | |  | | | | | | Unable to nurture/support | | |
|  | | |  | | | | | | Abandoned/rejected child | | |
| Explanations: | | | | | | | | | Explanations: | | |
| **SCHOOL:** | | | |  | | | | | | **RISK BEHAVIORS:** | |
| Truancy | | | |  | | | | | | Suicidal ideation | |
|  | | | |  | | | | | |  | |
| Conflicts with peers | | | | Isolated from peers | | | | | | Self-harming behavior | | | |
|  | | | |  | | | | | |  | | | |
| Disruptive in school | | | | Performing below capacity | | | | | | Homicidal ideation  al/Development Deficits | | | |
| SPECIAL EDUCATION DISABILITY CATEGORIES | | | | | | | | | | Aggression (physical / sexual) | |
| Specific Learning Disability | | | | Emotional Disability | | | | | | Runaway | | | |
| Developmental Delay | | | | Multiple Disabilities | | | | | | Delinquent | | | |
| Autism | | | | Hearing Impairment/Deaf | | | | | | Fire setting | | | |
| Visual Impairment/Blind | | | | Orthopedic impairment | | | | | | Sexually reactive behavior | | | |
| Traumatic Brain Injury | | | | OHI | | | | | | Bullying | | | |
| Speech/Language Impairment | | | |  | | | | | |  | | | |
| Explanations: | |  | | | | | | | | Explanations: | | |
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Family’s cooperation/participation in services thus far:

**CANVAS ID# Instructions**

1. For youth with Social Security Numbers (SSN) please use that number as the CANVAS ID #.
2. For youth that are undocumented please use their birthdate in the following format: **013-MM-DDYY**

**EXAMPLE:** Youth is born May 1st 2001. The CANVAS ID # should be: **013-05-0101**

**\*\*\*\*\*IN RARE INSTANCE YOUTH IS UNDOCUMENTED AND A TWIN SEE INSTRUCTIONS BELOW\*\*\*\*\***

1. For youth that are undocumented, are twins (have the same birthday), and both will be accessing CSA funds use the following format:

Twin 1: **013-MM-DD01**

Twin 2: **013-MM-DD02**

(Instead of inserting the 2 digit year, you assign each twin a numerical value)

**EXAMPLE:** Mark and John are born December 15, 2004.

Mark’s ID would be: **013-12-1501**

John’s ID would be: **013-12-1502**