FAPT

REFERRAL/ASSESSMENT/REVIEW FORM

# To be completed by CSA Staff

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

Case #:

Init. FAPT

**Identifying Data**:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 orderCurrent 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**