Family Preservation Services
PEOPLE. PASSION. SERVICE.

Referral Form

Select a Service

SERVICE REQUESTED

Client/Patient Demographics	
Referral Date:	Client/Patient Name:
Gender:	Date of Birth:
Race:	Full Address:
SSN#:	Zipcode:
Grade (if applicable):	School (if applicable):
Funding/Payment Source	
☐ Medicaid Provider:	Member ID#
☐ CSA/FAPT:	Notes:
☐ EBA/AMI:	Notes:
☐ Commercial Insurance:	Member ID#
Referral Source	
Name:	Agency (if applicable):
Phone:	Email:
Case Participants & Providers (Name, Phone, Email)	
Parent/Guardian/Caregiver:	
Other household member names:	
Other:	
Other:	
Other:	

Reasons for Service Request	
Behavioral Characteristics	**School Characteristics** (if applicable)
☐ Physical aggression	☐ Expelled or dropped out of formal education
☐ Verbal aggression	☐ Alternative school setting
☐ Theft	☐ Multiple suspensions for problem behavior
☐ Property destruction/Vandalism	☐ High association with antisocial school peers
☐ Substance Use	☐ Poor relationships with school staff
☐ Runaway	☐ Truancy
☐ Non-compliance with probation or court order	☐ Academic problems
☐ Non-compliance with family rules & expectations	
☐ History of inappropriate sexual behavior:	**Peer Group Characteristics**
☐ Parent-Child Conflict	☐ Gang membership or strong affiliation
☐ Sadness/Depression	☐ High affiliation with mostly antisocial peers
☐ Hospitalization History: #	☐ Mixed antisocial and prosocial peers
☐ Suicide Attempts: #	☐ Low affiliation with prosocial peers
☐ Other:	☐ Peer Relationship Problems

Brief Narrative Summary of Presenting Problem(s)

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION WITH THIS REFERRAL FORM	
☐ Social History	☐ Release of Information
☐ Psychological Evaluation	☐ CHINS approval/Court Order
☐ CANS (Most recent)	☐ Face Sheet
☐ YASI	☐ Other:
☐Other:	☐ Other:

Please complete Referral Form and send with any additional documentation to
referrals@fpscorp.com