

CONNECTICUT CARE COORDINATION REFERRAL FORM

Youth Name:

Date of Birth:

Age:

Gender: Male Female

Residing Address:

Parent/Guardian Name(s):

Relationship to Youth:

of other children in home:

of other adults in home:

Address (if different):

Phone: (home)

(work)

(cell)

(other)

Email:

Hispanic Origin: Yes No

Race (check all that apply): Asian American Black White
 Other Native American Pacific Islander

Preferred Language – Parent/Guardian:

Youth:

Youth & Family Strengths:

What does the youth and family consider to be their main challenges (in home, school, and/or community):

Provider Concerns (Behaviors, Recent Trauma, Relevant Family Medical Info):

What are the safety concerns for the youth and family:

Current Supports (school, friends, neighbors, family, providers, community):

NAME:

ROLE/Relationship to:

PHONE:

NAME:	ROLE/Relationship to:	PHONE:

Referral Source Name:

Phone:

Relationship/Agency:

Date of Referral:

Email:

Previous family involvement in Care Coordination or Family Advocacy:

No Yes (if yes when/where?)

Current School:

Grade: Special Education: Yes No 504

Current DCF Involvement (for anyone in household): No Yes

Worker: Phone:

Current JJ/Probation Involvement: No Yes

Worker: Phone:

Current Clinical Diagnoses (if known – Most Recent DSM preferred):

Recent or Pending Referrals for family (please list w/ contact info):

“I understand that my signature gives the referring agency/person permission to share the above information with the Care Coordination Program and that this information will be used to determine eligibility for that program.”

Parent/Guardian Signature: _____

Date: _____

Parent/guardian approval is required for submission/acceptance of referral.

If unable to obtain signature or submitting referral electronically please be sure to keep all protected health information (PHI) secure according to HIPPA and HITECH regulations:

As the referring person/agent I have reviewed this referral with the parent/guardian and I have their permission to submit this referral for the Care Coordination program.