 Functional Family Therapy Referral Form

*Please complete as many sections as possible. \*Please note required sections.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date of Referral:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Screening Questions:   1. Is there a youth residing in the home between the ages of 11 and 17 years old? 2. Is there a pattern of delinquent behavior for this youth? 3. Is there an adult caregiver in the home that is committed and willing to participate in therapy with the youth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Youth’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name of Youth: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Street Address: | | |  | | | | | | \*City | | | |  | | | | | | | | | | | | | State | | | | |  | | | | | Zip | | | | |  | | | |
| \*Youth’s Phone Number: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Youth’s Date of Birth (or age): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender of Youth: | | | | | |  | | Female | | | |  | | | | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity of Youth: | | | | | |  | | African American | | | |  | | | | Hispanic | | | | | |  | | Samoan | | | | |  | | | | | Caucasian | | | | | |  | | | Asian | |
|  | | Biracial | | | |  | | | | Alaskan Native | | | | | |  | | Maori | | | | |  | | | | | Pacific Islander | | | | | |  | | | Other | |
| Does the youth currently reside in a family setting, with the parent figure who will be participating in FFT? | | | | | | | | | | Yes | | | | *If no* – is there a plan in place for the youth to transition to this family setting within 30 days? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |
| No | | | | No |
| Is a translator needed for this youth and/or family? | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name of Parent/Guardian: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Street Address: | | |  | | | | | | \*City | | | |  | | | | | | | | | | | | | State | | | | |  | | | | | Zip | | | | |  | | | |
| \*Parent/Guardian’s Phone Number: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Marital Status: | | | | | |  | Married | | | |  | | | | Single | | | | |  | | | Divorced | | | | |  | | | | Widowed | | | | | |  | | | | Separated | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Reason for Referral: | | | | | |  | Referral for Delinquent Behavior | | | | | | | | | | | | | | | | | |  | | Referral for youth/parent conflict | | | | | | | | | | | | | | | | | |
|  | Referral for Mental Health Issues | | | | | | | | | | | | | | | | | |  | | Referral for Gang Involvement | | | | | | | | | | | | | | | | | |
|  | Referral for Family Reunification | | | | | | | | | | | | | | | | | |  | | Referral for Runaway Behavior | | | | | | | | | | | | | | | | | |
|  | Family Transition Planning (return home) | | | | | | | | | | | | | | | | | |  | | Referral for School/Truancy Behavior | | | | | | | | | | | | | | | | | |
|  | Referral for Family Substance Abuse/Use | | | | | | | | | | | | | | | | | |  | | Other (please list): | | | | | | | | | | | | | | | | | |
| Summary of Reason for Referral (please include any safety concerns or potential for violence): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Referral Source: | | | | | |  | Police | | | | | | | | | | | | | | | | | |  | | UNCOM – community center | | | | | | | | | | | | | | | | | |
|  | School | | | | | | | | | | | | | | | | | |  | | Mental Health | | | | | | | | | | | | | | | | | |
|  | Self-Referral | | | | | | | | | | | | | | | | | |  | | Child Welfare | | | | | | | | | | | | | | | | | |
|  | Juvenile Justice/Human Services  Worker/Court personnel | | | | | | | | | | | | | | | | | |  | | Other (please list): | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name of Person Making Referral: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact Information: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Status: | | | | | |  | | Mandatory | | | | | | | | | |  | | | | Voluntary | | | | | | | | | | |  | | | | Unknown | | | | | | | |
| Safety Concerns/Potential for Violence: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Referral Source is Juvenile Justice | | | | | | | | Juvenile ID Number | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| YASI Score | | | | | | | | | | | Risk: | | | | | | | | | | | Protective: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Other Family Members** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | |  | | | | | |
| Name: | |  | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | |  | | | | | |
| Name: | |  | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | |  | | | | | |
| Name: | |  | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | |  | | | | | |
| Name: | |  | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Availability:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Monday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Tuesday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wednesday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Thursday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Friday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Saturday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sunday | | | Times: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please send referral to:

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