

Fairfield County Family, Adult and Children First Council

Multi-System Youth Program Referral Packet

Address: 831 College Ave., Ste C., Lancaster Ohio 43130 Phone: 740.652.7280 Fax: (740) 681-5540

NEW REFERRAL ADDRESS 6/6/2022: msyreferrals@fairfieldcountyohio.gov

Referral Date: _____ Name of Youth: _____

Date of Birth: _____ Gender: _____ Race: _____ Social Security #: _____

Referring Person/Agency: _____

Phone: () _____ Email: _____

Possible Services Requested: _____

- Mother: _____ Employer: _____
 Address: _____ City: _____
 Home Phone: _____ Cell: _____ Email: _____

- Father: _____ Employer: _____
 Address: _____ City: _____
 Home Phone: _____ Cell: _____ Email: _____

- Legal Custodian: _____ Relationship to Youth: _____
(if different from parents)
 Address: _____ City: _____
 Home Phone: _____ Cell: _____ Email: _____

Child currently resides with: (mark all that apply)

Mother
 Father
 Legal Custodian
 Foster Care

Siblings Living in the Home	Date of Birth	Other Adults Living in the Home	Relationship to the Child

Child's History and Presenting Risks & Needs

Please check all that apply:

	Suicidal ideations, attempts		Impulsive behavior/poor judgement		Domestic Violence/ Witness or Victim
	Self-injurious behavior		Hears voices/sees things		Homelessness
	Aggressive toward others		Eating disorder		Isolation, no natural supports
	Cruelty toward animals		Suspensions, expulsions		Parent/caregiver or youth with chronic illness
	Fire setting		Truancy		Availability of weapons
	Physical abuse, sexual abuse and/or neglect (circle)		Drugs and/or alcohol use		Depression, anxiety or opposition (circle)
	Sexual acting out		Bullying/Bullied		Trouble sleeping
	Running away		Unrestricted technology access		Pro-social activity/ socialization
	Cultural/environmental struggles (in-home)		Family stress, tension and/or arguing		Living situation/function
	Communication skills		Self-care		Independent living skills (14-21 only)
	Recreation/physical activity—limited amount/access/ability		Other (please specify):		

- Describe the child's at risk history and the reason for being referred to MSY:

- What options have been tried? What has worked and what hasn't?

Child and Family Dynamics & Strengths Check all strengths for both child and/or family:

Family relationship and stability	Friends & interpersonal skills	Positive/optimistic
Schools—grades, behavior, relationships, and attendance	Vocation/Employment — interest, skills, goals	Community involvement
Youth’s participation with care or providers	Natural supports (non-family or professional)	Supervision & parenting
Parent/caregiver’s participation with providers	Self and/or family advocacy	Resource knowledge
Transportation	Self-esteem	Spiritual/Religious connection

Child’s Interests & Activities: _____

Family Interests & Activities: _____

- Describe how the family gets along and interacts with each other. Who are the family’s natural supports?

- Describe the child’s relationship with peers, adults, authority figures.

- Does anyone in the home have any physical activity limitations? (Ex.: Asthma)

Financial Statement (Used to identify potential funding sources and not MSY program eligibility.)

Monthly gross income—mother: _____ Monthly gross income—father: _____

Monthly gross income—guardian(s): _____ Other Income: _____
(adoption, child support, kinship, SSI/D)

Total monthly income: _____

Assistance (food, rent, childcare, etc.): _____

Insurance

Private insurance Provider: _____

Medicaid Managed Care Provider: _____
(ex: Molina, Caresource)

Primary Care Physician’s Name: _____