

## Crawford County Family Navigators Referral Form



Demographic Information		CC#-
Child's Name:		SS#:
Medical Assistance #:	Ta	Other Insurance:
Age:	Date of Birth:	Gender (choose one):
Parent/Guardian Name:		
Address:		
Relationship to Child:		Telephone:
Alternate Phone:		Email:
Household Members:		
Referred By:		Phone:
Referral Source:		
Current Living Situation:		
51 1 11		
you believe warrant further su	pport or intervention.	have observed in this child, youth, or young adult the
In what ways have the child, y function in key areas such as	youth, or young adult's emotional c school, home, relationships, or dail	r behavioral challenges impacted their ability to
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or r	youth, or young adult's emotional of school, home, relationships, or dail ere the child, youth, or young adult's equired crisis-level support?	r behavioral challenges impacted their ability to routines?
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or r	youth, or young adult's emotional of school, home, relationships, or dail ere the child, youth, or young adult's equired crisis-level support?	r behavioral challenges impacted their ability to routines?emotional or behavioral health needs have significant
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or remarks.  How long has the child, youth,	youth, or young adult's emotional control of school, home, relationships, or dail ere the child, youth, or young adult's required crisis-level support?	r behavioral challenges impacted their ability to routines?emotional or behavioral health needs have significant
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or remarks.  How long has the child, youth,	youth, or young adult's emotional control of school, home, relationships, or dail ere the child, youth, or young adult's required crisis-level support?	ese emotional or behavioral challenges?
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or remarks.  How long has the child, youth,	youth, or young adult's emotional control of school, home, relationships, or dail ere the child, youth, or young adult's required crisis-level support?	ese emotional or behavioral challenges?
In what ways have the child, y function in key areas such as Have there been instances wh disrupted their well-being or remarks.  How long has the child, youth,  What strengths are known ab	youth, or young adult's emotional control of school, home, relationships, or dail ere the child, youth, or young adult's required crisis-level support?	emotional or behavioral challenges?  esse emotional or behavioral challenges?  esse emotional or behavioral challenges?

## Child, Youth, or Young Adult's and Family's Natural and Community Supports (if known) **School: Grade: Extended Family Members:** Other Relationships: Community Involvement (sports, hobbies, clubs, activities, etc.): **Current Treatment Team (if applicable)** PCP: Phone: **MH Provider:** Phone: Diagnosis: Other Systems Involved (JPO, CYS, FBMH, Therapist, etc.) **Contact Name Contact Email System** □mild □moderate □imminent Out of Home Risk: ☐ none **Additional Helpful Information**

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