



Has the child ever been placed out of the home?  No, skip to next section

Yes, check all that apply and include dates of placement:

<input type="checkbox"/>	Relative Name: Relationship:	<input type="checkbox"/>	Detention Name: Dates:
<input type="checkbox"/>	Foster/Group Home Name: Dates:	<input type="checkbox"/>	Crossroads Dates:
<input type="checkbox"/>	Residential Treatment Center Name: Dates:	<input type="checkbox"/>	DJJ Juvenile Corrections Facility Name: Dates:
<input type="checkbox"/>	Psychiatric Facility Name: Dates:	<input type="checkbox"/>	Post D Name: Dates:

Has there been a termination of Parental Rights?

No  Yes – Date: Court:

School	Grade	Special Ed		Classification
		<input type="checkbox"/>	No <input type="checkbox"/> Yes	

Medicaid:  Yes  No Other insurance:  No  Yes, list:

IV-E Eligible:  Yes  No  Pending

Physician's Name: Date of Last Physical:

Is the child under the care of a psychiatrist?

No  Yes; Name & Phone number:

- Current diagnoses:  
Axis I:  
Axis II:  
Axis III:  
Axis IV:  
Axis V:
- Current medications: \*Include name, dosage/frequency, and date prescribed

Is the child on probation or parole?  No  Yes; Name of JPO:

- Please list most significant and/or current legal violations and dates of charges for the child.

**Presenting Problem(s)/Reason for Referral**

<input type="checkbox"/>	Developmental disability	<input type="checkbox"/>	Serious emotional disturbance	<input type="checkbox"/>	Delinquency/Court involvement
<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Sexual abuse (victim)	<input type="checkbox"/>	Sexual abuse (perpetrator)
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Aggressive behavior <input type="checkbox"/> Verbal <input type="checkbox"/> Physical
<input type="checkbox"/>	Physical disability/chronic health problem	<input type="checkbox"/>	IEP/School-related issues	<input type="checkbox"/>	Autism
<input type="checkbox"/>	Emotional abuse	<input type="checkbox"/>	Acting-out behavior (i.e. running away)	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Mental retardation	<input type="checkbox"/>	Pregnancy/parenthood	<input type="checkbox"/>	Truancy
Other (please specify):					

- Detail the specific circumstances leading to this referral.
- Are there any issues with maintaining the child in his/her current placement?  No  
 Yes, please describe:
- Describe how the overall functioning of the family influences the identified child:

**Community Services**-Indicate all services that the child/family has received:

Provider Name	Dates of service	Services	Outcome of Services
Comments:			

**Date of CANS:**

**What are the primary needs of the child, based on the CANS?**

- 1)
- 2)
- 3)
- 4)

**What are the centerpiece strengths of the child, based on the CANS? \*May also include additional strengths not listed on CANS**

- 1)
- 2)
- 3)
- 4)

**What service(s) are you requesting?**

Need (Based on CANS)	Service Type	Provider	# of Units	Type of Unit (per hour, day, week, etc.)	Rate per Unit	Total Cost	Dates of Service Include range

**Please list any services or resources currently in place or that will be in place to build upon the strengths of the child and/or family.**

**Short-term and Long-term Goals**

- What are the short-term outcomes/goals desired? Include target dates for completion.
  
- What are the long-term outcomes and objectives / goals desired? Include target dates for completion.

**Family's Perception** \*To be completed jointly with the parent(s)/legal guardian(s).

- What strengths does your child have? What is your child successful at?
  
- What strengths does your family have? What is your family successful at?
  
- What are the most important changes that need to happen now for your child?
  
- What are the most important changes that need to happen now for your family?
  
- What services can best help your child and your family make these changes you think are most important?

THE UNDERSIGNED PARENT/CAREGIVER AND FAPT PRESENTER PREPARED THIS CHILD AND FAMILY ASSESSMENT CONJOINTLY.

\_\_\_\_\_

Parent/Caregiver

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager Supervisor

\_\_\_\_\_

Date

**The following is attached to this referral:**

- Signed FAPT consent from the parent/legal guardian
- Court order, if applicable
- Psychological, Psychiatric, Treatment Reports, or Social History
- Completed CANS
- Child Data Set Form