

UMFS Functional Family Therapy (FFT) Referral Form

Referral Date		Requested Start	
Referral Agency		Name	
Email		Phone	

Youth Demographics					
Youth Name		Age		DOB	
Gender		Race/Ethnicity		Language Spoken in the Home	
Resides with		Relationship to Youth		Guardian	
Mobile #		Home #		Work #	
Youth's Current Physical Address					
City		ZIP			
Others in the Home and Relationship to Youth					
Referral has been discussed with the family?		Their Response?			

Youth Specifics – Please selected True or False for the following statements:	
	The youth is living in the community or is ready to return home within the next 30 days.
	Youth has severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism Note: Youth on the higher end of the autism spectrum may be served.
	Youth needs sexual offender treatment as a primary need. Note: FFT may work with families that have begun or completed treatment with a CSTOP or youth whose sexualized behaviors is secondary to other externalizing behaviors.
	The family is not receiving any other form of family therapy or parent coaching services from another provider that is expected to continue for the duration of FFT treatment.

Background		
Prior Services		
Current Services		
Other agency involvement: Select and describe all historical or current agency involvement		
	DSS	
	CSB	
	CSU	
	SPED	IEP Date:

FFT Priority Criteria Checklist

Check ALL criteria that are relevant to the Youth being referred.

Past 3 Months	Past Year	Criteria	Describe Frequency/Intensity/Location (i.e. daily, 1 time, weekly/at home, community, etc.)
		At risk of out-of-home placement	
		Physical Aggression	
		Substance Abuse/Use	
		Negative Peer Associations	
		Theft	
		Verbal Aggression	
		Property Destruction/Vandalism	
		Runaway	
		Truancy	
		School Failure/ Suspensions	
		Family Conflict/ Discord	

Briefly provide additional information regarding youth's **CURRENT EXTERNALIZING** behaviors that put him/her at risk for out-of-home placement:

CSA Details					
CSA FIPS Code		Youth Open to CSA		Mandate	
FAPT Requested	Date		CPMT Approved	Date	
Next FAPT Date		Time		Location	

Attach all requested information for a new referral

	Release of Information		Face Sheet
	POSO or Funding Approval		FAPT approved Service Plan and meeting notes
	Recent CANS		Recent assessments or evaluations



Email the Referral Packet to RSCcentral@ebanetwork.com

To staff a case with the local FFT Supervisor, please contact:

Sarah Hess, FFT Program Manager
(d) 804.248.1059 | (o) 540.898.1773 x 304
e-mail: shess@umfs.org