

Interagency KidsNet **Referral Form**



In Section 1, please complete and email or fax to the KidsNet Coordinator in your community. All addresses and numbers are listed below. Section 2 provides an outline that can be followed when presenting to the Interagency Committee.

SECTION I

DATE: _____

Youth's Name: _____ DOB: _____ Age: _____

Gender: _____ Parent/Guardian's Name _____

Address: _____ City: _____ Zip: _____

Youth/Family Phone Number: _____ County: _____

Referring Agency:

<input type="checkbox"/> Parent	<input type="checkbox"/> Mental Health Core Provider (DHR)	<input type="checkbox"/> Community (Private) Provider
<input type="checkbox"/> Residential Facility/Hospital	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> School
<input type="checkbox"/> DJJ	<input type="checkbox"/> DFCS	<input type="checkbox"/> Other: _____

Referring Staff: _____ Email: _____

Phone Number: _____ Fax Number: _____

Other Agencies Involved:

<input type="checkbox"/> School	<input type="checkbox"/> Mental Health Core Provider (DHR)	<input type="checkbox"/> Community (Private) Provider
<input type="checkbox"/> Residential Facility/Hospital	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> DJJ	<input type="checkbox"/> DFCS	<input type="checkbox"/> Other: _____

School Attending: _____ Current Grade: _____

Special School Services (if applicable): _____

Diagnosis (if applicable): _____

Medications (if applicable): _____

What are the youth's strengths? _____

What are the family's strengths? _____

Please describe previous efforts to develop multi-agency services for this child: _____

What services are you requesting from KidsNet? (Please check all that apply):

<input type="checkbox"/> Service Coordination	<input type="checkbox"/> System of Care Meetings	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Family Advocacy	<input type="checkbox"/> Mental Health Assistance	<input type="checkbox"/> Juvenile Court Supports
<input type="checkbox"/> Behavior Aid Intervention	<input type="checkbox"/> Substance Abuse Assistance	<input type="checkbox"/> Other: _____

TO REFERRING STAFF: Upon receipt of referral, a family advocate will meet with youth and family within 72 hours to present KidsNet services. If family meets the criteria and accepts services then youth will be presented at the next Interagency Planning Meeting so as to discuss youth and family's strengths and develop community care plan.

<input type="checkbox"/> Accepted Into KidsNet	Date of Enrollment _____	<input type="checkbox"/> Not Accepted into KidsNet
If Not Reason: _____		

Youth ID # _____

Section 2

Interagency Planning Committee

Outline for Staff Presentation –

Review of Youth's History and Current Status

1. **Youth:** Current level of functioning in home, school, community; history of placement away from the immediate family; child's attitude toward placement; involvement with Juvenile Court, DJJ, DFCS, Mental Health, Other Providers, youth's strengths and physical health.
2. **Presenting Problem:** Please specify your reasons for presenting this youth and what is needed.
3. **Family:** Composition; whereabouts of parents; quality of parent-child relationships(s); parent(s)' attitude about placement/intervention; other resources available to family; family strengths.
4. **Psychological/Psychiatric/Neurological Assessment(s):** By whom, dates, results, recommendations, and diagnoses. Please report IQ – note if score does not seem to correspond to child's observed level of functioning; medication prescribed and current status regarding medication. Bring at least four copies of psychological and/or psychiatric reports for review.
5. **Treatment Intervention(s):** What has been tried to date to assist youth and family? What was the result?
6. **Financial Resources:** Monies available to the youth (Social Security, SSI, DFCS, Medicaid, etc.) that can be used for placement/treatment; parent(s)' ability to help; church or civic organizations that might help, etc.

Email or fax completed form to KidsNet/Interagency:

KidsNet Rockdale Fax: (770) 761-3064
KidsNet Rockdale: (770) 785-5910
KidsNet Rockdale
Service Coordinator: chadjones2007@hotmail.com

Rockdale Interagency Fax: (770) 761-3064
Rockdale Interagency
Planning Coordinator: rccfexd@bellsouth.net

KidsNet Newton Fax: (770) 784-3022
KidsNet Newton: (770) 787-3977
KidsNet Newton
Service Coordinator: jwilds@grncsb.com

Newton Interagency Fax: (770) 784-3022
Newton Interagency
Planning Coordinator:
hutchinson.george@newton.k12.ga.us