

**Referral Form**

**222 W 6th Street Suite 400**

**San Pedro, Ca 90731**

San Pedro 424-477-2995

E-Mail: all4familiesinc@gmail.com

Date of Request: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_Age\_\_\_\_\_Gender\_\_\_\_\_Grade\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/ Ethnicity\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Biological Parent  Adoptive Parent  Legal Guardian  Foster Parent  Relative Caregiver
* Relative Caregiver (relative placement)  Non-Related Extended Family Member (NREFM)

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Cell) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victims of Crime Eligible: Yes No Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Open Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Submit 1 for Victims of Crime: Minute order, Police Report, Detention Report, Sustained Petition

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Concern/ Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trauma History Yes No If Yes Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Symptoms**

\_\_Sad/Depressed \_\_Withdrawn/shy \_\_Frustrated/Agitated/Angry

\_\_Eating Problems \_\_Frequently tardy/absent \_\_Destructive to property

\_\_Poor Concentration \_\_Failing grades \_\_Doesn’t complete assignments

\_\_Impulsive \_\_Stealing \_\_Fire Setting

\_\_Homicidal/ Suicidal \_\_Trouble Adjusting to School \_\_Cruel to Animals

\_\_Hyperactive \_\_Frequent Daydreaming \_\_Substance Issues

\_\_Bullying \_\_Easily Distracted \_\_Unstable living conditions

\_\_Grief/Loss \_\_Low-Self Esteem \_\_ Problems with siblings, partner, peers,

\_\_Fidgety \_\_Fatigue \_\_Family Violence

\_\_Nervous/Anxious \_\_Self-injuries \_\_Death or loss

\_\_Hallucinations/Delusions \_\_Defiant \_\_Divorce/ separation

\_\_Sleeping Problems \_\_Mood swings \_\_Issues with discipline

\_\_Struggles to Remain Seated \_\_Loner/ Social rejection \_\_Not living with biological family

\_\_Sexualized Behavior \_\_Lacks motivation in school or work \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Party: Self CSW SFC Case Manager Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open DCFS Case Yes No