

**Attention:** Atia Wise, FCT Supervisor

Direct Phone Line: 919-592-1694

**E-mail: wisea@southlight.org**

**Family Centered Treatment (FCT) Referral Form**

Referral Source:

Contact information:

Name:

DOB:

SSN:

Medicaid #:

Address:

Guardian / Parent / Responsible Party Name:

Contact Phone Number:

Okay to identify caller as SouthLight FCT? YES / NO

Okay to leave a message? YES / NO

Are there any weapons in the home? YES / NO

Are there any animals in the home? YES / NO

Reason for referral: (Please provided a brief social history of events that prompted referral)

**Please check all that apply**

* Mental Health Diagnosis
* Significant Family Functioning Issues: Communication; Role Performance; Behavior Control; Inappropriate expression of emotions; Lack of involvement with family and/or peers
* A Step-down from a higher level of care: Residential Facility
* DSS involvement within the last year
* Juvenile Justice Involvement in the last 6mo.
* Behavioral Health ER visit and/or hospitalization in last 6mo.
* Multiple school suspensions
* Crisis intervention in last 6mo. (not exclusive of) law enforcement involvement, crisis line calls, mobile crisis service, emergency crisis bed stay
* Victim of Trauma
  + Abuse victim (physical, verbal, sexual)
  + Neglect victim (physical, emotional)
  + Parent/Caretaker that is a victim of Domestic Violence
  + Parent/Caretaker that abuses substances/alcohol
  + Parent/Caretaker with mental health diagnosis
  + Loss of a parent/caretaker to divorce, abandonment, or death
  + Parent/Caretaker incarceration
  + Surviving or recovering from an accident
  + Homelessness
* Risk of removal (Out of home placement): Youth Detention Center; Residential Treatment Center
* Transitioning home: Adoption, Foster Home, Living with relatives