

FUNCTIONAL FAMILY THERAPY (FFT) YOUTH REFERRAL FORM

DATE REFERRED: / /		NC-JOIN NUMBER:	
*ELIGIBILITY CRITERIA			
Youth must be Level I Probation with a High Risk/High Needs, Level II Probation, or on Post Release Supervision.			<input type="checkbox"/>
Youth must not be involved in other Family Counseling Services.			<input type="checkbox"/>
Youth must have the intellectual capacity to benefit from FFT.			<input type="checkbox"/>
Long Term Family must agree to be involved in FFT services.			<input type="checkbox"/>
Parent/Legal guardian must be involved in FFT services and have been advised that this referral has been made.			<input type="checkbox"/>
Family has been advised that participation is required as a condition of the youth's Probation order.			<input type="checkbox"/>
<i>*If the youth referred does not meet the above eligibility criteria, then FFT services can not be provided.</i>			
YOUTH INFORMATION			
YOUTH'S NAME: (First) (Middle Initial) (Last)			
ADDRESS: (Street) (City) (State) (Zip Code)			COUNTY:
DATE OF BIRTH: (Month/Day/Year) / /	AGE:	GENDER: Choose an item.	RACE: Choose an item.
SCHOOL GRADE	NAME OF SCHOOL		
PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN NAMES: (First) (Last)			
RELATIONSHIP TO YOUTH:			
CURRENT LIVING ARRANGEMENT: Choose an item.			
HOME PHONE: () -		CELL PHONE: () -	
WORK PHONE: () -			
JUVENILE JUSTICE STATUS			
LEGAL STATUS: Choose an item.		RISK NUMBER: _____	
CURRENT RISK ASSESSMENT LEVEL: Choose an item.			
CURRENT NEEDS ASSESSMENT LEVEL: Choose an item.			
REFERRAL REASON			
REFERRAL REASON: <i>Clearly explain the reason for the youth referral for Functional Family Therapy Services.</i>			
AVAILABILITY OF THERAPEUTIC SERVICES			
Is the youth eligible or do they have access to similar services in their area? (Examples include: Multi-Systematic Therapy (MST), Intensive In-Home Therapy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
JUVENILE COURT COUNSELOR INFORMATION			
COURT COUNSELOR'S NAME:		TELEPHONE NO: () -	
COURT COUNSELOR'S EMAIL ADDRESS:			

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Please fax referral form to AMIkids at (910) 939-1701 along with the Family Data Sheet, Risk and Needs Assessments, Mental Health Assessments, and Court History to include a list of arrests, charges and adjudications. A representative with AMIkids will confirm receipt within 24 hours and provide the referral status.