

Family Stability/Dually Involved Youth Committee **Staffing Referral**

If you have any questions, please do not hesitate to contact
Misty Board at 937-327-1788.

It is the responsibility of the Referral Source, who will act as the family team leader, to invite the custodian/family/caretaker/ to the staffing as well as providers who have or are currently working with the family. The family is encouraged to bring supportive extended family and friends. All are invited to contribute to understanding the strengths, needs and culture of the family and to participate in the planning process.

By submitting this request, the Referral Source certifies that he/she has gathered and reviewed the information below with the parent(s), custodian or primary caretaker, unless noted below*. The completed referral form will be reviewed by the Committee prior to the staffing. If the family did not engage in the information gathering process, but will attend the staffing, please fill out the domains below as well as you can. A copy of the referral will be given to the family at the start of the staffing.

Please note that due to the make-up of the Committee, some family history may already be known due to past or current involvement with a specific Agency. This information may be addressed despite it not being listed as a concern/issue or strength by the family.

The Committee consists of representatives from Family & Children Services of Clark County, Juvenile Court, Mental Health Services, McKinley Hall, Oesterlen Services for Youth, The Rocking Horse Community Health Center, and Developmental Disabilities.

Meetings are held on Monday at 9:00 a.m. and 10:30 a.m. or Wednesday at 1:30 p.m. and 3:00 p.m. Jennifer will contact the Referral Source to schedule. If you have any questions regarding this form, call Misty Board. Please **email** completed referral form to both:

Misty Board – Family Stability Coordinator
(937) 327-1788

Fax: (937) 521-3617

Misty.Board@jfs.ohio.gov

Jennifer Huber – Administrative Support
(937) 327-1988

Fax: (937) 521-3569

Jennifer.Huber@jfs.ohio.gov

Date _____



Referral Source _____ Referral Agency _____ Phone # _____

Referral source email _____

Supervisor _____ Phone # _____

Family Name:
Address:
Phone # and email:
Address of child(ren) if different from above:

List all family members & others living in the home. +Denotes Parent/Guardian	DOB/AGE:	Relationship to Child(ren)	School/Grade

*****For each domain, please be as detailed as possible in your narrative. Be sure to identify which family member you are referring. If it is not a concern/issue put N/A.*****

1). INCOME/EMPLOYMENT/BENEFITS/INSURANCE/OTHER

STRENGTHS	
CONCERNS	

2). HOUSING/UTILITIES/FOOD/CLOTHING

STRENGTHS	
CONCERNS	

3). MEDICAL CARE/MEDICATIONS/HEALTH ISSUES/DENTAL/VISION

STRENGTHS	
CONCERNS	

4). TRANSPORTATION

STRENGTHS	
CONCERNS	

5). SUBSTANCE ABUSE (amount/frequency)

STRENGTHS	
CONCERNS	

6). DOMESTIC VIOLENCE (intensity/frequency)

STRENGTHS	
CONCERNS	

7). LEGAL ISSUES/COURT INVOLVEMENT/WARRANTS (please resolve prior to attending staffing)

STRENGTHS	
CONCERNS	

8). MOOD/DEPRESSION ISSUES FOR ADULTS (intensity/frequency)

STRENGTHS	
CONCERNS	

9). BEHAVIOR/MOOD/ANXIETY/DEPRESSION ISSUES FOR CHILDREN (intensity/frequency)

STRENGTHS	
CONCERNS	

10). PARENTING SKILLS

STRENGTHS	
CONCERNS	

11). ACADEMIC PERFORMANCE/ATTENDANCE

STRENGTHS	
CONCERNS	

12). LEISURE ACTIVITIES/COMMUNITY INVOLVEMENT

STRENGTHS	
CONCERNS	

13). HISTORY OF ABUSE/NEGLECT (prior placements)

STRENGTHS	
CONCERNS	

14). Dually Involved Youth

Assessment	
Jiff Score	

*If the above information could not be gathered from and reviewed with the family, please note why and indicate how you know/obtained the information above (i.e. open case, school records, kids or parents reported, etc.)

Referring to the domains above, please summarize what is the desired outcome of the staffing; include short and long-term goals, who is supportive/helpful, what *is* working for your family now, resources being sought (if known), etc..