



# LOGAN COUNTY FAMILY AND CHILDREN FIRST COUNCIL

1973 State Route 47 W., P. O. Box 710  
 Bellefontaine, Ohio 43311

Phone (937) 292-3041  
 Fax (937) 592-7001

## A. YOUTH DEMOGRAPHICS

Caregiver Name(s): _____	Parent name(s) if different: _____				
Address: _____	Address: _____				
Phone: _____	Phone: _____				
Email: _____	Email: _____				
If Caregiver is not Parent, what is relationship to child: _____					
Custody Type: ___ Parent ___ Kinship ___ Children's Services ___ Family Court					
Child(ren) living in the home: ( <b>** Please check children being referred for services**</b> )					
<b>Need Service:</b>	<b>Names:</b>	<b>DOB:</b>	<b>School:</b>	<b>Gender:</b>	<b>Race:</b>
1) <input type="checkbox"/>	_____	___/___/___	_____	_____	_____
2) <input type="checkbox"/>	_____	___/___/___	_____	_____	_____
3) <input type="checkbox"/>	_____	___/___/___	_____	_____	_____
4) <input type="checkbox"/>	_____	___/___/___	_____	_____	_____
5) <input type="checkbox"/>	_____	___/___/___	_____	_____	_____
<b>*Note: Exchange of information will be needed for each child</b>					

## B. REFERRAL SOURCE

Name of person making referral: _____	REASON FOR REFERRAL:			
Agency/Relationship to child: _____				
Email Address: _____				
Phone Number: _____				
3. Are there cultural considerations that the team should be aware of?:				
4. Areas of Need: ( <b>**if more than one child please put corresponding number on line**</b> )				
___ Developmental Disabilities	___ Child Abuse	___ Unruly	___ Physical Health	___ Special Ed
___ Mental Health	___ Child Neglect	___ Delinquent	___ Alcohol/Drug	___ Poverty
___ Primary Care Provider				

## C. TEAM FORMATION INFORMATION

4. What agencies are currently involved with the family? Please check all that apply:				
<u>Name</u>	<u>Contact</u>	<u>Phone Number</u>	<u>Individual</u>	<u>Service</u>
<u>Of Agency</u>	<u>Person</u>	<u>and/or Email</u>	<u>Served</u>	<u>Provided</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>FAMILY ASSESSMENT (Family Development Matrix-FDM)</b> <i>Institute for Community Collaborative Studies, California State University, Monterey Bay</i>				
<b>RATING</b> -use the following scale to rate the domains listed below in the rating columns on the right.				
<b>4</b>	<b>Safe/Self Sufficient:</b> Significant progress made in becoming stronger, healthy, and more functional. Demonstration of personal responsibility/self-motivation and has clear vision of ultimate goals. Interventions are resource oriented.			
<b>3</b>	<b>Stable:</b> No imminent danger but needs identified and family cooperative in planning. Supportive services assist the family to implement their plans.			
<b>2</b>	<b>At-Risk/Vulnerable:</b> Secure from immediate threat to health & safety, but has not yet developed or committed to strategies/plans for long-term growth & change. Continuing safety-net intervention provides a platform on which the family can build its plans for improving circumstances.			
<b>1</b>	<b>In Crisis:</b> Cannot meet need or at imminent risk of not meeting need. Unwilling/unable to work toward positive change. REQUIRES WORKER TO BE IMMEDIATE SERVICE COORDINATOR to help family get out of crisis!			
<b>DOMAINS</b> -Use the above scale 1 to 4 to rate the following domains at referral in the first rating column to the right.		Date(required every 180 days m/yr):		<b>RATING/Date Reviewed</b>
				<b>FCFC Review Dates Progress Measured (FOR FCFC USE ONLY)</b>
		<b>Rating at Referral</b>	Date	Date
		Date	Date	Date
<b>1. Adult Education/Employment:</b> Employment, presence or absence of career goals, appropriateness of goals, job preparedness: job skills or work history, level of education, work income-hours-benefits				
<b>2. Adult Social &amp; Emotional Health:</b> Ability and willingness to identify needs & access resources, sense of personal responsibility, presence & degree of substance abuse, quality of mental health, quality of social support system				
<b>3. Children's Care and Safety:</b> Access to quality child care and after school programming, ability to afford child care and after school programming, assure safe environment in all care settings				
<b>4. Children's Education &amp; Development:</b> Age-appropriate development (physical, cognitive, emotional), behavior, social skills, verbal communication, parent child interaction, school behavior (attendance & readiness to learn)				
<b>5. Children's Social &amp; Emotional Health:</b> Ability and willingness to identify needs & access resources, sense of personal responsibility, presence & degree of substance abuse, quality of mental health, quality of social support system				
<b>6. Community Relations:</b> Relationships with friends and neighbors, knowledge of and access to community resources, participation in the community (ie: school, church, clubs, etc.), social conditions of neighborhood, ability to communicate with others, <b>Immigration status, cultural integration with community, English as second language</b>				
<b>7. Family Relations:</b> Family structure, family functioning, intra-family communication skills, ability to resolve conflict, parenting skills, extended family relationships				
<b>8. Finances:</b> Income level consistent with local cost of living, long term and short term financial goals, budgeting skills & financial discipline, access to & understanding of financial institutions and resources, savings				
<b>9. Food &amp; Clothing:</b> Resources for food and clothing, quality of diet, adequacy of clothing, nutritional value of meals, conditions of food preparation resources				
<b>10. Health &amp; Safety:</b> Healthy habits, ability to afford health care, status of physical health, environmental conditions, access to health resources				
<b>11. Shelter:</b> Stability of housing over time, living conditions, structural safety of housing resources for housing, income & resources for housing				
<b>12. Transportation &amp; Mobility:</b> Access to transportation based on level of need, safety and condition of transportation, legal status of driver, vehicle (license, insurance, etc.)				
<b>13. Parent-Child Relationships:</b> Age and developmentally appropriate, nurturing, discipline, interactions, enrichment				
<b>14. Legal Involvement:</b> Involvement with court, legal aid, probation charges, detention, etc.				

**Please send completed referral form (pg. 1), FDM assessment (pg. 2), and signed release to:  
Robin Heminger, Program Coordinator**

By Email: [wraparound@logancbdd.org](mailto:wraparound@logancbdd.org) | by Fax: 937-592-7001  
Or By Mail: 1973 St Rt 47 W, PO BOX 710, Bellefontaine, 43311

\*For FCFC Use Only:

Date referral received: _____		<input type="checkbox"/> Open/Eligible		<input type="checkbox"/> Eligible/Waiting List		<input type="checkbox"/> Not Eligible		Date Triage Reviewed: _____	
Outcome: <input type="checkbox"/> Level 1 I&R		<input type="checkbox"/> Level 2: Informal		<input type="checkbox"/> Level 3: Formal		Facilitator: _____		Agency: _____	
Date family notified of status/ How Notified : _____				Staff Initials: _____		Director Initials: _____			
IF DENIED, WHAT RESOURCES/RECOMMENDATIONS PROVIDED? _____									