



Montgomery County Federation of Families for Children's Mental Health

13321 New Hampshire Avenue, Terrace B
Silver Spring, MD 20904

301-879-5200 (p)
301-879-0012 (f)
www.mcfof.org

Referral Form for Peer Support Services

Please check the appropriate box below. The person making the referring is:

- Self-Referral - Family requesting assistance
- Self-Referral – Youth/Young Adult requesting assistance
- Community Referral
- Agency/Program Referral
- Interagency Family Preservation Services (IFPS) Referral from YMCA Youth & Family Services

DATE OF REFERRAL: _____

REFERRAL SOURCE'S INFORMATION

NOTE: Parent/Primary Caregiver or Youth/Young Adult can self-refer to the program.

Name of Person Making the Referral _____

If the referral is coming from a specific agency/program, please provide that information:

Agency/Program _____

Street Address _____

City _____ State _____ Zip _____

Work Number _____ Cell Phone _____ Fax _____

Email _____

INFORMATION ON PARENT/PRIMARY CAREGIVER NEEDING ASSISTANCE

Name of Parent/Primary Caregiver _____

Ethnicity of Parent/Primary Caregiver _____

Relation of Youth to Parent/Primary Caregiver: _____

Street Address of Parent/Primary Caregiver _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell Phone _____ Fax _____

Primary language of parent/primary caregiver _____

Other languages spoken in home _____

Email _____

INFORMATION ON YOUTH/YOUNG ADULT NEEDING ASSISTANCE

Name of Youth/Young Adult Needing Assistance _____

Male Female Transgender Other _____ Age ____ Birthdate _____

Ethnicity of Young/Young Adult _____

Street Address of Youth/Young Adult _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell Phone _____

Fax _____ Email _____

Where is the youth living?

- | | | | |
|----------------------|--------------------|------------------------------------|-------------|
| Biological Parent(s) | Adoptive Parent(s) | Relatives | Foster Care |
| Friends | Group Home | Residential Treatment Center (RTC) | |
| Shelter/Homeless | Other _____ | | |

Siblings in the home _____

AGENCY INVOLVEMENT OF YOUTH/YOUNG ADULT

EDUCATION

Is youth/young adult attending school? Yes No

If attending school, is the youth in Regular Education Special Education 504 Plan
Grade _____ School Attending _____

College Attending _____ Vocational Program _____

OTHER AGENCIES INVOLVEMENT

- | | |
|--|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Department of Juvenile Services |
| • Mental Health | <input type="checkbox"/> Child Welfare |
| • Substance Use | <input type="checkbox"/> Developmental Disabilities |
| • Co-Occurring | |
| (Mental Health and Substance Use) | |

Other _____

MENTAL HEALTH DIAGNOSIS OF YOUTH/YOUNG ADULT

Does the youth/young adult have a mental health diagnosis? Yes No

If yes, what is the mental health diagnosis? _____

INSURANCE

Does the youth/young adult have insurance? Yes No

If yes, what insurance does the youth/young adult have? _____

EMPLOYMENT

Is the youth/young adult employed? Yes No

Is the youth/young adult underemployed? Yes No

DISCONNECTED YOUTH

Is the youth disconnected (not in school and not working)? Yes No

ASSISTANCE NEEDED

What type of assistance does the parent/primary caregiver need?

What type of assistance does the youth/young adult need?

PLEASE RETURN COMPLETED REFERRAL FORM TO BOTH STAFF LISTED BELOW:

Celia Serkin, Executive Director, cserkin@mcfof.org

Mary Kackley-Harris, Family Support Partner, mkackley@mcfof.org

Fax Number: 301-879-0012

TO BE COMPLETED BY MONTGOMERY COUNTY FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH USE ONLY:

Family Services Provider assigned to family, youth, and/or young adult:

Date: _____

