*** One Step Further, Inc.***



***Family Factor Program***

***Referral Form***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Referral Information:*** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referred by: | | |  | | | | | | | | | | | | | Date: | | | | |  | | | | |
|  | | |  | | | | | | | | | | | | | |  | | | |  | | | | |
| E-mail: | | |  | | | | | | | | | | | | | Phone: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Youth Information*:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | Preferred Pronouns: | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.O.B.: |  | | | | | |  | Age: | |  | | |  | | | | | | | | | | Race: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (Street) | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | Cell: | | |  | | | | | | |  | | Home: | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-Mail: | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| School: | |  | | | | | | | | | | | | | | | | | Grade: | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Status: | | | |  | | Enrolled | | |  | | Not Enrolled | | | | | | | | |  | | Suspended | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Youth Living Arrangements at Time of Referral:** | | | | PLEASE CHECK ONE | | | | | |
|  | | | | | | | | | |
| 01 | Both Parents | 05 | Father only | | 09 | Instit. (Caring) | 13 | Other (Specify) |  |
| 02 | Mother & Stepfather | 06 | Other Relative | | 10 | Instit. (Train.Sch.) | 99 | Unknown |  |
| 03 | Father & Stepmother | 07 | Foster Care | | 11 | Independent Living |  |  | |
| 04 | Mother only | 08 | Group Home | | 12 | Secure Detention |  |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| **Caregiver Information:** | | | | | | | | | |
|  | | | | | | | | | |
| Name: |  | | | Relationship: | | | | |  |
|  |  | | | |  | | |  | |
| Address: |  | | | | | | | | |
|  | (Street) | | | | | | | | |
|  |  | | | | | | | | |
|  | (City, State, ZIP) | | | | | | | | |
| Phone: | Cell: |  |  | | | Home: |  | | |
| E-Mail: |  | | | | | | | | |