**Family Stability Committee Staffing Referral**

**A copy of the Family Stability brochure and a Quick Facts sheet has been included along with this referral form. We encourage you to review the brochure and sheet with the family as you, together, fill out referral form and release of information. If any questions, please do not hesitate to contact Micheal Adams at 327-1980.**

**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 Family Stability 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.

FST is held on Monday at 9:00 a.m. and 10:30 a.m. or Wednesday at 1:30 and 3:00 p.m. Jennifer Huber will contact the Referral Source to schedule. If you have any questions regarding this form, Micheal Adams.

Please **email** completed referral form to:

**Micheal Adams-Family Stability Coordinator**

**(937) 327-1980**

**Fax: (937) 521-3644**

[**Micheal.Adams02@jfs.ohio.gov**](mailto:Micheal.Adams02@jfs.ohio.gov)

**Jennifer Huber– Administrative Support**

**(937) 327-1988**

**Fax: (937) 521-3569**

**Jennifer.Huber@jfs.ohio.gov**

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| --- | --- |
| Referral Source Name &Agency: | |
| Phone # and Email: | Date |
| Supervisor of RS (approved referral): | Phone |

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

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| |  |  |  |  | | --- | --- | --- | --- | | List all family members & others living in the home.  +Denotes Parent/Guardian | DOB: | Relationship to Child(ren) | School/Grade | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
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| **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.** | **FAMILY STRENGTHS** | **CONCERNS & ISSUES** |
| Safety risks  (intensity/frequency) |  |  |
| Income Employment/Benefits/Insurance/Other |  |  |
| Housing/Utilities/Food/Clothing |  |  |
| Medical Care/Medications  Heath Issues  Dental/Vision |  |  |
| Transportation |  |  |
| Substance Abuse  (amount/frequency) |  |  |
| Domestic Violence  (intensity/frequency) |  |  |
| Legal Issues  Criminal Charges  Court Involvement  Warrants (please resolve prior to attending staffing) |  |  |
| Mood, Anxiety, Depression Issues for Adults  (intensity/frequency) |  |  |
| Behavior Mood/Anxiety/Depression  Issues for Children  (intensity/frequency) |  |  |
| Parenting Skills |  |  |
| Academic Performance/Attendance |  |  |
| Leisure Activities  Community Involvement |  |  |
| History of abuse/neglect  Prior Placements |  |  |
| Other |  |  |

\*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...