First Responders for Children Impacted by Emotional Trauma

REFERRAL

Program: ☐ **Resiliency Center** ☐ **Project S.T.E.A.L.T.H.**

Date: ____________ ☐ Minor ☐ Adult ☐ Family: ______ of ______

Name: ____________________

DOB: ____________ Age: ________ Gender: ____________

Ethnicity: ____________ Primary Language: ____________

School Attending: ____________ Grade: ______

Home Address: ____________________

City/State: ____________ Zip Code: ____________

OK to send mail? ☐ YES ☐NO

Parent/Guardian

Name: ____________ Contact #: ____________

OK to leave a message? ☐ YES ☐ NO Best time to call: ____________ OK to receive text messages? ☐ YES ☐ NO

Email: ____________________

OK to receive emails? ☐ YES ☐ NO

Medi-cal/CalViva: ☐ **YES** ☐ **NO** If yes, ID #: ____________ OR CalVCB ID #: ____________

Event/Case #: ____________________

Have transportation? ☐ YES ☐ NO

Preferred days & times for sessions: ____________________

Clinician Preference: ☐ Male ☐ Female ☐ Either

Session type: ☐ In person ☐ Teletherapy

Appointment Reminder (can check multiple): ☐ **Text Message** ☐ **Email** ☐ **Text/Phone Call & Email**

Area(s) of concern (check any applicable):

☐ Trauma Victim ☐ Human Trafficking ☐ Family/Relationship Concerns

☐ Trauma Witness ☐ Runaway ☐ Bullying

☐ Grief Counseling ☐ Child Neglect ☐ Mental Health: ____________

☐ DV Exposure ☐ Physical Abuse

If other, please briefly describe presenting concerns:

____

____

Have you ever received counseling before? ☐ YES ☐ NO

Do you have a Safety Plan? ☐ YES ☐ NO Restraining Orders? ☐ YES ☐ NO

Custody Order: ☐ YES ☐ NO

☐ Legal Custody: ____________

☐ Physical Custody: ____________

Out of Pocket Payment Method (please circle one most comfortable with, if no Medi-cal or CalVCB):

Practicum Student: **$25** Registered Associate: **$50** LMFT/LPCC/LCSW: **$100**

Referral made by: ____________ Agency: ____________

Contact #: ____________ Want Follow up? ☐ YES ☐ NO

Email Address: ____________________

Referrals can be submitted through Fax: (559) 457-1188 or Email: FresnoRC@fresno.gov