Submit Form

SAFE CHILDREN COALITION – YOUTH INTERVENTION SERVICES PROGRAM

Email: YIS@sccfl.org Phone: (941) 952-1644

REFERRAL FORM Date: _____

Client Name: _____ D.O.B _____ Age:_____ M ☐ F ☐

School: _____ Gr._____

Address: _____ Zip Code: _____

Parents/Guardians: _____

Telephone: Home: _____ Cell: _____ Youth Cell: _____

Parents Informed of Referral: ☐ Yes ☐ No Parent's Email: _____

ADDITIONAL INFORMATION

Please check any of the following:

☐ **Anger/Aggression** ☐ **Anxiety/Depression** ☐ **Truancy** ☐ **Impulsivity** ☐ **Family Related Issues**

☐ **Peer Issues** ☐ **School related issues** ☐ **Substance Abuse** ☐ **Recent Trauma** ☐ **Runaway**

☐ **Ungovernable** ☐ **Beyond Control** ☐ **Other:**

Referred by: _____ **Phone #:** _____

☐ **School** ☐ **DCF** ☐ **DJJ** ☐ **Local Provider/Agency** ☐ **Other:** _____

Safe Children Coalition's Youth Intervention Services (YIS) is a free community-based counseling services program that assists youth ages 10- 17 experiencing general social, emotional, or behavioral issues at home,or school. The main goal of the Youth Intervention Services program is to implement preventative measures to strengthen and stabilize the youth and prevent the need for further involvement with the Department of Children and Families and/or Juvenile Justice. Services will include assessments, service plan, and individual and/or family counseling provided in the home, school, or community.

FOR YIS USE ONLY ***FORM MUST BE COMPLETED WITHIN 3 DAYS OF Date Received:***

Action Taken: **Date**

☐ **Contact attempts** _____ ☐ **Parent/Guardian contacted:** _____

☐ **Unable to make contact with Parent/Guardian** ☐ **Program Intake Scheduled:** _____

☐ **Services refused by Parent/Guardian** ☐ **Individual Counseling Services**

☐ **Placed on Waiting List Pending Counselor Availability** ☐ **Family Counseling Services**

YIS Counselor Assigned: _____