

**YOUTH FOCUS, INC.  
FAMILY PRESERVATION SERVICES  
REFERRAL DATA**

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

School / Agency: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CLIENT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

(Child must be at risk of out-of-home placement due to delinquent or chronically undisciplined behavior.)

Is there any court involvement? \_\_\_\_\_ If yes, what are the charges? \_\_\_\_\_

ISSUES AT HOME TO BE ADDRESSED BY COUNSELOR: \_\_\_\_\_

\_\_\_\_\_

ISSUES AT SCHOOL TO BE ADDRESSED BY COUNSELOR: \_\_\_\_\_

\_\_\_\_\_

FAMILY STRENGTHS: \_\_\_\_\_

PREVIOUS COUNSELING SERVICES/OTHER AGENCIES INVOLVED: \_\_\_\_\_

\_\_\_\_\_

**FAMILY/LEGAL GUARDIAN INFORMATION:**

Name(s): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medicaid/Health Choice: \_\_\_\_ Yes \_\_\_\_ No

Safety Concerns (i.e.; animals, weapons in the home etc.) \_\_\_\_\_

\_\_\_\_\_

Directions to Home: \_\_\_\_\_

\_\_\_\_\_

**\* Fax to 336-333-6815 Attention: FPS-Valerie Jones**