

Confidential

<p><b>CDS</b>  <b>Family Action and Drug Free Communities</b>  <b>Children/Family in Need of Services and Child and Adolescent Substance Abuse Services</b>  3615 S.W. 13<sup>th</sup> Street – Suite 4  Gainesville, FL 32608  (352) 224-0628 x 3813  FAX: (352) 244-0668  <b>REFERRAL FORM</b></p>
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**REFERRED BY:**

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

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

Title: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

**IDENTIFIED PARTICIPANT:**

Name of Child: \_\_\_\_\_

Name(s) of Parents/Legal Guardian/Custodian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

Zip Code \_\_\_\_\_

Social Sec #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Child aware of the referral?    \_\_\_ Yes \_\_\_ No

Parent aware of the referral?    \_\_\_ Yes \_\_\_ No

**REFERRED FOR: (check all that apply)**     School     Family     Substance Abuse     Behavior     Other

Briefly explain presenting problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CINS/FINS CRITERIA:**

Does referral involve abuse, neglect, or abandonment?    \_\_\_ Yes \_\_\_ No

If yes, was DC&F contacted? \_\_\_\_\_

Are there pending allegations or referrals for delinquency?    \_\_\_ Yes \_\_\_ No

If yes, what charge? \_\_\_\_\_

Is the child under supervision with DC&F or DJJ for adjudication for dependency or delinquency?    \_\_\_ Yes \_\_\_ No

If yes, child is not eligible for CINS/FINS services, but may still be eligible for Drug Free Communities services.