

**YORK COUNTY
FAMILY GROUP DECISION MAKING (FGDM)**

Community Referral Form

Email humanservices@yorkcountypa.org or Fax 717-771-9855

Referral Date:	Referring individual's name:	Relationship to family:	Phone:
Address:	Email address:	Association w/ community organization, if applicable:	
Community organization's address and phone:		Did agency/referring individual explain FGDM to family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there crucial deadlines that the coordinator needs to be aware of?			

Identified Individual:	Date of Birth:	Social Security #:(last 4):
Address:	Email address:	Phone:

Family Members/Supports

Name:	Date of Birth:	Relationship to Individual:
Address:	Email address:	Phone:

Name:	Date of Birth:	Relationship to Individual:
Address:	Email address:	Phone:

Attach additional sheets for family members and community contacts and supports.

What is family's primary language? English Spanish Other _____

If known, please indicate any accommodations that need to be made for any participant: _____

Does the family have any cultural customs or norms that the coordinator should be aware of? YES NO

If yes, please explain: _____

Briefly explain how you became involved with the family and/or the identified individual and why they were referred.

What have you and the family and/or the identified individual agreed would be the purpose of the conference? What do you hope to accomplish with this referral?

Is the individual or family involved in any of the following?

- | | |
|---|---|
| <input type="checkbox"/> York Co. Children and Youth | <input type="checkbox"/> York Co. Juvenile Probation |
| <input type="checkbox"/> York. Co. Mental Health / Mental Retardation | <input type="checkbox"/> York Co. Adult Probation / Parole |
| <input type="checkbox"/> York Co. Drug and Alcohol | <input type="checkbox"/> Family experiencing truancy issues |
| <input type="checkbox"/> York Co. Courts (Common Pleas, MDJ) | <input type="checkbox"/> Counseling, parenting classes, life skills, etc. |
| <input type="checkbox"/> Any Active Protection form Abuse orders | |
| <input type="checkbox"/> Other _____ | |

If any of the above are marked please explain the circumstances:

Name:	Date of Birth:	Relationship to Individual:	
Address:	Email address:	Phone:	Attending (coordinator use only):

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