

# CDS Family & Behavioral Health Services, Inc.

## UNIVERSAL YOUTH REFERRAL FORM

Confidential

Family Action Northwest  
1884 SW Grandview Street  
Lake City, FL 32025  
PHONE: (386) 487-0190  
FAX: (386) 487-0196

### **REFERRED BY:**

Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **IDENTIFIED PARTICIPANT:**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name(s) of Parent/Legal  
Guardian/Custodian: \_\_\_\_\_  
name relationship

Address: \_\_\_\_\_  
street city, state zip  
Phone#: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child aware of the referral?  Yes  No Parent aware of the referral?  Yes  No

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

Briefly explain the presenting problem:

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### **CINS/FINS CRITERIA:**

Does the referral involve abuse, neglect, or abandonment?  Yes  No

If yes, was DCF contacted? \_\_\_\_\_

Are there pending allegations or referrals for delinquency?  Yes  No

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

Is the child under supervision with DCF or DJJ for adjudication for dependency or delinquency?  Yes  No

Email referrals to: [jennifer\\_bedenbaugh@cdfsfl.org](mailto:jennifer_bedenbaugh@cdfsfl.org) and [tylyn.stansel@suwannee.k12.fl.us](mailto:tylyn.stansel@suwannee.k12.fl.us) (SHS,SMS,SIS)  
[ashley\\_waithe@cdfsfl.org](mailto:ashley_waithe@cdfsfl.org) and [tylyn.stansel@suwannee.k12.fl.us](mailto:tylyn.stansel@suwannee.k12.fl.us) (SES,BES,BHS,SPS)