

Family Focused Case Management - Family Coach Referral

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral**  **Date** | **Referral Source** | **Referral Name / Agency** | **Address** | **Contact Name** | **Contact Number** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Open Date** | **MC#** | **Family / Individual’s Last Name** | **Parent / Individual’s**  **Name** | **DOB / Age** | **Child’s**  **Name** | **DOB / Age** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Family Address** | **Contact Number(s)** | **Type Preferred Contact: Add Email Address if preferred method of contact** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Check**  **Need** | **Needs / Barriers - Adult** | **Check Need** | **Needs / Barriers – Children**  **(Please identify child(ren) with need)** |
|  | **Adequate Housing** |  | **Medical** |
|  | **Reliable Transportation** |  | **Mental / Behavioral Health** |
|  | **Reliable Childcare** |  | **Development Concerns** |
|  | **Diploma / GED** |  | **Education – IEP; Difficulties in school** |
|  | **Lack of job training / Maintaining employment** |  | **Social / Emotional** |
|  | **Substance Use / Abuse** |  | **Other:** |
|  | **Mental Health Concerns** |  |  |
|  | **Physical Health Concerns** |  |  |
|  | **Other:** |  |  |

**Family Coaches:**

**Margot Dainowski** **Sarah Nowak**

200 South Silber, North Platte, NE 69101 116 South Pine, Grand Island, NE 68801

(308) 221-0536; FAX: (308) 535-8368 (308) 385-6100 (O); (402) 936-6472 (C)

margot.dainowski@nebraska.gov FAX: (308) 385-6522

sarah.nowak@nebraska.gov

Counties Served: Arthur, Chase, Custer, Dawson, Counties Served: Hall

Frontier, Hayes, Keith, Lincoln, Logan, McPherson,

Perkins