

Family Focused Case Management - Family Coach Referral

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| **Referral****Date** | **Referral Source** | **Referral Name / Agency** | **Address** | **Contact Name** | **Contact Number** |
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| **Open Date** | **MC#** | **Family / Individual’s Last Name** | **Parent / Individual’s****Name** | **DOB / Age**  | **Child’s****Name** | **DOB / Age** |
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| **Family Address** | **Contact Number(s)** | **Type Preferred Contact: Add Email Address if preferred method of contact** |
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| **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:**

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

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

Perkins