



Other Interested Parties:	
Case Manager: _____	Email/Phone: _____
Juvenile Probation Officer: _____	Email/Phone: _____
Child Protective Investigator: _____	Email/Phone: _____
Other: _____	Email/Phone: _____
If referrals were made to other agencies/organizations/resources, please indicate:	
Agency(s) (e.g. Child Protection, Community)	Professional (e.g. OT, Psychologist)
1. _____	_____
2. _____	_____
3. _____	_____

FFT Criteria/Eligibility
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**Refer to the FFT information sheet or contact the Site Director for questions regarding service eligibility**

1. Does the youth have a formal caretaker/guardian? Yes No

***If answered no, please explain:***

2. Is the family currently receiving/participating in other services for behavioral health, mental health or and/or substance abuse? Yes No

***If answered yes, please explain:***

3. Does the youth have a diagnosed or undiagnosed neurodevelopmental condition that would interfere with his/her ability to benefit from FFT? Yes No

***If answered yes, please explain:***

4. Has the youth been classified as a sexual offender? Yes No

***If answered yes, please explain and indicate if the youth has attended psychosexual treatment:***

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**Reason for Referral:**

Please explain the dynamics of the family, behaviours exhibited by the youth, and any other pertinent information that should be known by the FFT clinician:

**Delinquency History:**

Please explain the youth's current involvement with the delinquency system to include history of offenses, YSL, and current delinquency status:

**Documents Included With Referral Submission:**

- DCF Documents       School Records       Mental Health Records/Evals       Substance Abuse Evaluation
- Psychological/Psychiatric Evaluation       Arrest Reports       Other: \_\_\_\_\_

**Please email referral and all supporting documentation to: [bfcgainesville@bayskids.org](mailto:bfcgainesville@bayskids.org)**

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**INTERNAL USE ONLY**

Referral Status (Please Indicate):

Accepted

Ineligible/Rejected

Waitlist

Referral Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_