



Your Choice Family Counseling| YCFC

Empowering Kids & Teens, Wherever They Are!

✧ Community-Based Day Services for Ages 3–19 ✧

Individual Screening/Referral Form

Form §645

☐ **Community Engagement**

Date of Initial Contact: _____

Individual Name (first, middle, last): _____

Date of birth: _____ Age: _____ Gender: _____

Address: _____

Phone Number: _____

Reason for Referral: _____

Primary Support Needs: _____

Case Manager Name: _____ CSB: _____

Phone Number: _____ Email: _____

Referred by: ☐ Case Manager ☐ Provider: _____ ☐ Other: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____



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To be completed by YCFC Administrative Staff:

Date/Time of tour: _____

Disposition:

- ☐ Admission to YCFC
- ☐ Placed on waiting list
- ☐ YCFC is currently not accepting individuals

YCFC Administrative Staff Name/Title

Signature

Date