NORTH CAROLINA FAMILY SERVICES

AMIkids

Separating a troubled past from a bright future.

N★C DPS

FUNCTIONAL FAMILY THERAPY (FFT) YOUTH REFERRAL FORM

DATE REFERRED: / /	**NC-JOIN NUMBER:**

*ELIGIBILITY CRITERIA

- Youth must be Level I Probation with a High Risk/High Needs, Level II Probation, or on Post Release Supervision. ☐
- Youth must not be involved in other Family Counseling Services. ☐
- Youth must have the intellectual capacity to benefit from FFT. ☐
- Long Term Family must agree to be involved in FFT services. ☐
- Parent/Legal guardian must be involved in FFT services and have been advised that this referral has been made. ☐
- Family has been advised that participation is required as a condition of the youth's Probation order. ☐

If the youth referred does not meet the above eligibility criteria, then FFT services can not be provided.

YOUTH INFORMATION

(First) (Middle Initial) (Last)

YOUTH'S NAME:

(Street) (City) (State) (Zip Code)

ADDRESS: | **COUNTY:**

(Month/Day/Year)

DATE OF BIRTH: / / | **AGE:** | **GENDER:** Choose an item. | **RACE:** Choose an item.

SCHOOL GRADE **NAME OF SCHOOL**

PARENT/GUARDIAN INFORMATION

(First) (Last)

PARENT/GUARDIAN NAMES:

RELATIONSHIP TO YOUTH:

CURRENT LIVING ARRANGEMENT: Choose an item.

HOME PHONE: ( ) - **CELL PHONE:** ( ) - **WORK PHONE:** ( ) -

JUVENILE JUSTICE STATUS

LEGAL STATUS: Choose an item. **RISK NUMBER:** _____

CURRENT RISK ASSESSMENT LEVEL: Choose an item.

CURRENT NEEDS ASSESSMENT LEVEL: Choose an item.

REFERRAL REASON

REFERRAL REASON: *Clearly explain the reason for the youth referral for Functional Family Therapy Services.*

AVAILABILTY OF THERAPEUTIC SERVICES

Is the youth eligible or do they have access to similar services in their area? (Examples include: Multi-Systematic Therapy (MST), Intensive In-Home Therapy)	☐ Yes ☐ No

JUVENILE COURT COUNSELOR INFORMATION

COURT COUNSELOR'S NAME:	**TELEPHONE NO:** ( ) -
COURT COUNSELOR'S EMAIL ADDRESS:	

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Please fax referral form to AMIkids at (910) 939-1701 along with the Family Data Sheet, Risk and Needs Assessments, Mental Health Assessments, and Court History to include a list of arrests, charges and adjudications. A representative with AMIkids will confirm receipt within 24 hours and provide the referral status.