

Family Support Services

GUS Program Face Sheet and Referral

Identifying Information

Client Name: _____

Person making referral: _____
 Agency: _____

Age: _____	Birth Date: / /
Ethnicity: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Language: Primary: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____ Secondary: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____	
Address: _____ City: _____ Zipcode + _____	Client birth place: (CA county) , (state) Client Soc. Sec. #: - - Birth mother's first name: _____
Parent / Legal Guardian: _____ Emergency Contact: (if L/G not available) 1 st Choice: _____ Other: _____	Phone: _____ Phone: _____ Phone: _____
Allergies: None <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, specify below to what) Specific <u>Allergies to...</u> : Food: Medication: Environmental: Medication <u>Prescribed</u> : Other: (non-prescript.)	

Current School: _____ Phone: _____

Current Grade: Not in school Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Physician: _____ Phone: _____

Therapist: _____ Phone: _____

Other Provider: _____ Phone: _____

Family Support Services GUS Program Referral

Client Name: _____

Person making referral: _____

Presenting Situation / Reason for Referral:

What are you seeing or hearing that leads you to make this referral?

Family Members (Include household members and other significant relatives)

Name	Age	Relation to Client	In-Home?
Client:		_____	
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>

Impairment in Community Functioning (Must check at least one for EPSDT referral)

- Problems with living arrangements
- Difficulty in school or social activities
- Inability to establish age-appropriate social / family relationships
- Unable to maintain health / hygiene

Other: _____

Comments: _____

Risk Factors (complete for birth to 5 referrals – for older children skip to p. 5)

Psychosocial and Environmental Stressor Checklist (Complete information for all stressors that apply)		
	Age of onset (in months)	Comments, Including duration and severity
Challenges to child's primary support group		
Birth of a sibling		
Change in primary caregiver		
Child adopted		
Child in foster care		
Child in institutional care		
Death of a parent		
Death of other family member		
Death of nonfamily significant other		
Domestic violence		
Emotional abuse		
Marital discord		
Medical illness of parent (specify acute or chronic)		
Medical illness of sibling (specify acute or chronic)		
Neglect		
New adult in household (e.g., boyfriend)		
New child (not by birth) in home (e.g., adoption, stepsibling, cousin)		
Parental divorce or separation		
Parental mental illness		
Parental remarriage		
Parental separation from child (e.g., out-of-town employment, hospitalization)		
Parental separation (work)		
Parental substance abuse		
Physical abuse		
Removal of child from home		
Severe discord or violence with sibling		
Sexual abuse		
Sibling mental illness		
Sibling substance abuse		
Challenges in the social environment		
Cultural conflicts		
Discrimination		
Inadequate social support of the family		
Single parent		
Educational/child care challenges		
More than 9 hours/day in out-of-home care		
Multiple changes in child care provider		
Parent without high school diploma		
Parental illiteracy or low literacy		
Poor-quality early learning environment (e.g., health and safety concerns; high child/staff ratios and large groups; inadequately trained staff; lack of attention to social and emotional development)		
Housing challenges		
Dislocation from home		
Homelessness		

Psychosocial and Environmental Stressor Checklist (Complete information for all stressors that apply)		
Multiple moves		
Problems maintaining heat, electricity, water and telephone		
Unsafe neighborhood		
Unsafe or overcrowded housing		
Economic challenges		
Food insecurity		
Heavy indebtedness		
Poverty or near poverty		
Occupational challenges		
Dangerous or stressful parental work conditions (civilian)		
Military deployment		
Parental unemployment		
Threat of parental job loss		
Health-care access challenges		
Inadequate health services in area		
Lack of or inadequate health insurance		
Health of child		
Hospitalization of child		
Medical illness in child (acute or chronic); child accident/injury (e.g., animal bite, passenger in vehicular accident)		
Medical procedure(s) performed on child (e.g., spinal tap)		
Legal/criminal justice challenges		
Child Protective Services Involvement		
Child victim of crime		
Custody dispute in the context of parental divorce		
Immigration status		
Parental arrest		
Parental incarceration		
Parent victim of crime		
Other		
Abduction (specify by family member or nonfamily member)		
Child witness to violence (in the home)		
Child witness to violence (out of the home)		
Epidemic (e.g., AIDS)		
Natural disaster (e.g., fire, hurricane)		
War/terrorism		
Other		
Other		
Problems with sleep or appetite		
Irregular sleep habits		
Problems with toilet training		
Increase in appetite		
Decrease in appetite / refusal to eat		
Problems with activity level		
Restlessness / fidgeting / pacing / squirming		
Difficulty in engaging in quiet play		

Continue to p. 5 (for children 6 and older)

Behaviors / symptoms *(for children 6 yrs and older; Check all that apply; include comments.)*

Problems with sleeping, eating or eliminating

Comments:

Problems with school

(such as attendance, grades, focus, follow-through on requests)

Comments:

Problems with family

(such as frequent fighting with siblings, not following rules, arguing with adults, demanding or not coming home when expected)

Comments:

Problems with social activities

(such as fighting, not getting along, isolating self or problems making and keeping friends)

Comments:

Problems with physical health *(current or in the past)*

(Include asthma and allergies)

Comments:

Known developmental issues

(such as substantially below developmental age norm in height or weight, or drug-exposed in-utero to drugs, alcohol, tobacco)

Comments:

Problems with mood or affect

(such as crying, anger, fears or anxiousness)

Comments:

Problems with activity level

(such as hyperactivity, lack of activity, easily over stimulated)

Comments:

Problems with conduct

(such as stealing, running away, lying, having or using a weapon or destruction of property)

Comments:

Welfare of Child Problems

(housing, economics, legal issues)

Comments:

Client Name: _____

Caregiver Information

1. What are caregiver's concerns?

2. What does caregiver want to change or see happen differently than what is happening now?

3. How willing is the caregiver to participate in developing a plan? 1 2 3 4 5
(1 = not willing at all; 5 = very willing)
4. Is caregiver looking for **Ind. therapy**, **Family Therapy**, **Ind. and Fam. Therapy**?
Other services requested:

Social Worker Name: _____ Date: _____

Signature: _____

Supervisor Name: _____ Date: _____

Signature: _____