



Richland County Youth and Family Council Referral for Service Coordination

Referral Date: _____

Youth's First and Last Name: _____

Gender of Youth Being referred: _____

Race of Youth Being referred: _____

Ethnicity: _____

Date of Birth: _____

Age: _____

Parent/Guardian Name(s):

Full Address: _____

Preferred Method of Contact: _____

Phone: _____

Email:

Source of Referral: _____

Referral Agency/Email/Contact Number: _____

Other agencies involved with youth:

Reason for Referral: _____

By signing this form, you are consenting to allow personal health information to be entered into an Electronic Health Information (EHI) medical file, Fidelity HER. Fidelity HER follows all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality, integrity, and availability of EHI, and to mitigate any reasonable risks or hazards to EHI. Further, Fidelity HER protects against all unauthorized disclosure and manages compliance for all employees, contractors and vendors. Ohio Family and Children First Council (OFCFC) houses the Fidelity HER system for Richland County Children and Families First council. Your personal information will not be collected by OFCFC for data analysis.

Parent/Guardian signature: _____

Today's date: _____

Submit to Michelle Miller: michelle.miller2@jfs.ohio.gov