

# Strong Families Application



## Contact Information

Childs Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Person Referring: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_

### **Team Members:**

Name,Agency,Phone,Email: \_\_\_\_\_

Name,Agency,Phone,Email: \_\_\_\_\_

Name,Agency,Phone,Email: \_\_\_\_\_

Name,Agency,Phone,Email: \_\_\_\_\_

## **Demographics:**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity (Circle Applicable): Not Hispanic/Latino, Hispanic/Latino, Other: \_\_\_\_\_

## **Service Information:**

Presenting Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Diagnosis:**

-Mental Health: \_\_\_\_\_

-Developmental: \_\_\_\_\_

-Applicable Ability Concern (**Circle All Applicable**): Physical Impairment, Mental Health, Sensory, Speech, English as as second language

## **Strengths of Youth and Family:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Service required (Fill in as applicable):**

- Care Coordination/ Wrap Around: \_\_\_\_\_

- Therapeutic Mentoring: \_\_\_\_\_

- Respite (Describe desired frequency, length and provider): \_\_\_\_\_

- Camp: \_\_\_\_\_