



Richland County Youth and Family Council Referral for Service Coordination

Referral Date: Click or tap here to enter text.

Youth's First and Last Name: Click or tap here to enter text.

Gender of Youth being referred: Male: Female: Transgender:

Race of Youth being referred: Click or tap here to enter text.

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

DOB: Click or tap here to enter text. **Age:** Click or tap here to enter text.

Parent/Guardian Name: Click or tap here to enter text.

Full Address: Click or tap here to enter text.

Preferred Phone Number: Click or tap here to enter text.

Source of Youth Referral: Click or tap here to enter text.

Referral Agency, Email and Phone Number: Click or tap here to enter text.

Other Agencies Involved: Team Members:

Name, Agency, Phone, Email: Click or tap here to enter text.

Name, Agency, Phone, Email: Click or tap here to enter text.

Name, Agency, Phone, Email: Click or tap here to enter text.

Richland County Youth and Family Council Referral for Service Coordination Service Information:

Reason for Referral/Presenting Concern/Services being sought:

Click or tap here to enter text.

By signing this form, you are consenting to allow personal health information to be entered into an Electronic Protected Health Information (EPHI) medical file, Fidelity EHR. Fidelity EHR follows all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality, integrity, and availability of EPHI, and to mitigate any reasonable risks or hazards to EPHI. Further, Fidelity EHR protects against all unauthorized disclosures and manages compliance for all employees, contractors and vendors. Ohio Family and Children First Council (OFCFC) houses the Fidelity EHR system for the Richland County Children and Families First Council. Your personal information will

Richland County Youth and Family Council
171 Park Avenue East
Mansfield, Ohio 44902
419-774-5442

not be collected by OFCFC. Only demographic and non-personal identifying information will be collected by OFCFC for data analysis.

Parent or Guardian Signature: Click or tap here to enter text.

Today's Date: Click or tap here to enter text.

Submit to Lori.Bedson@jfs.ohio.gov

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