Family Navigation Referral

Family & Adolescent PARTNERSHIP

HILLTOP Family Resource Center

Date of Referral: _____ School: _____

Youth: _____ Gender _____ DOB: _____ Grade: _____

Parent/Guardian: _____

Contact Information: _____ (address)

_____ (city, state, zip)

_____ **(primary phone)**

_____ (alternate phone or email)

Community Involvement	
Probation □ Prior □ Current	**Mind Springs Health** □ Prior □ Current
Senate Bill 94 □ Prior □ Current	**MCDHS** □ Prior □ Current
Truancy Court □ Prior □ Current	**Other:**

Does this youth currently have insurance?

□ Yes □ No

If Yes, what type:

□ Medicaid □ CHP+

□ Private

□ Other _____

Goal of Case Management: _____

_____

_____

_____

_____

_____

Additional Family Input (Optional) _____

_____

_____

Referral Source Information

Name: _____ Phone: _____

Organization/Position: _____ Email: _____

□ I give my consent to be referred to the Family & Adolescent Partnership (FAP) for a voluntary assessment for services. This includes database documentation of demographics and case progress to meet funding requirements.
□ I authorize FAP, the referring agency and/or a Family Navigator (with Hilltop Community Resources or On 2nd Thought) to share specific confidential information about myself and/or my minor children for the purpose of providing collaborative services.

Guardian (Signature): _____ **Date:** _____

I understand that these records are protected under Federal and State confidentiality Regulations. Information about services I am receiving cannot be disclosed without my written consent. I understand any communication that is outside this release description cannot be shared without first notifying the party signing this release. I also understand that I may revoke this consent in writing, otherwise it shall continue in effect for one year from the date above.

Please return this **referral form** to the Family & Adolescent Partnership by one of the methods below:

Email to FAPreferrals@htop.org or Fax 970-244-0542

Questions? Concerns? Comments? 970-244-0613 or FAPreferrals@htop.org

This is not a referral for funding. For funding, please contact us at the above phone number or email.