



FUNCTIONAL FAMILY THERAPY REFERRAL FORM

Referral Date:				Youth Name:			
Date of Birth:		Age:		Address:			
Male: <input type="checkbox"/>		Female: <input type="checkbox"/>		City/State/Zip:			
Home Status:		<input type="checkbox"/> Parent/Guardian home		<input type="checkbox"/> Relative home; placed by DCF		<input type="checkbox"/> Foster Home	
Parent/Guardian Name:				Parent Contact #:			
School:				Grade:		Special Education: <input type="checkbox"/> Yes	
Client's preferred language:				Caregiver's preferred language:			
Dependency/Delinquency Involvement:		<input type="checkbox"/> No PS/FC/DJJ involvement		<input type="checkbox"/> Dependent (foster care) status			
		<input type="checkbox"/> DJJ involvement					
Referred By:		Person Completing the form:					
Referring Agency:							
Phone:		Fax:		Email:			

<p>Appropriate Youth</p> <ul style="list-style-type: none"> • Eligible for SAMH funded services under s. 394.674 F.S. • At risk of entering the child welfare or juvenile justice system; or • At risk for out of home placement w/ youth of family member substance use identified by the referring entity as a factor affecting the youth's safety and placement status <p>Behaviors include:</p> <ul style="list-style-type: none"> ○ Youth with anti-social behavior ○ Aggressive, conduct disorder ○ Drug Use, school behavior, referrals, truant and drop-out ○ Family Conflict <p>Functional Family Therapy (FFT)</p> <ul style="list-style-type: none"> • Targets at-risk youth ages 11-18 and their families (must have caretaker) • Focuses on family relations and communication; builds on strengths as motivation for change • Home based intervention • Length of treatment: average 12 -14 sessions for most cases • Caseload 10 per therapist • Phases of Treatment: Engagement & Motivation, Behavior Change and Generalization • Weekly Team Supervision 	<p>Model Exclusionary Criteria</p> <p>Functional Family Therapy (FFT)</p> <ul style="list-style-type: none"> • Youth without formal caretaker • Youth in foster care (foster care referrals are reviewed on a case-by-case basis) <p>Juvenile Sex Offender Criteria</p> <p>Functional Family Therapy (FFT): FFT has not completed research working with youth in which sexual offending is their <u>only</u> charge. As a result, FFT traditionally only works to provide FFT to youth whose sexual offending is one in a list of charges. In order for a youth to be accepted into FFT, the following must:</p> <ol style="list-style-type: none"> 1.) Prior successful sex offender treatment or 2.) Presently receiving sex offender treatment and is recommended by the current sex offender treatment provider or 3.) Youth has been evaluated and deemed not in need of sex offender treatment.
--	--

REFERRAL TO INCLUDE:

Social History Any Psychological/ Mental Health/ Substance Abuse Evaluation Appropriate School Records

Disposition Decision (to be completed by FFT Staff):

Accepted for FFT Services Family Signed Agreement to Participate Date Services Initiated _____

Not Accepted: Inappropriate for FFT Services; Service Not Available: Other Reason: _____

FFT Therapist Signature _____ Title _____ Date _____

Questions or to make a referral call: Yiny Poveda (407) 753-4240

Email Referral: baysfamilyconnections@baysflorida.org