

Surry County  
Family Assessment and Planning Team  
Assessment and Planning  
Package

# Appendix B

FAPT

## Family Assessment Team Criteria for Referral

Person referring the case: 1. Have You? (Please circle the appropriate response for each question)

- |     |    |     |   |
|-----|----|-----|---|
| Yes | No | N/A | a. Referred the case to a mental health professional if there is a mental health issue?<br>To whom _____? When _____?                 |
| Yes | No | N/A | b. Referred the case to the Child Development Clinic, or other appropriate professional, if evaluations are needed?                   |
| Yes | No | N/A | c. Referred the case for substance abuse assessment/treatment if needed?  |
| Yes | No | N/A | d. Referred the case to Social Services if abuse or neglect is suspected?   |
| Yes | No | N/A | e. Referred the case to the appropriate school professionals if there are school problems?  |
| Yes | No | N/A | f. Referred the case to the Health Department, or other appropriate medical professional, if there are medical problems?              |
| Yes | No | N/A | g. Obtained all the necessary information needed from the involved parties to present the case to the FAP Team?                       |
| Yes | No | N/A | h. Made contact with all other professionals working with the child and family in an effort to coordinate services and /or treatment? |
| Yes | No | N/A | 2. Have you staffed this case within your agency or with your supervisor?   |
|     |    |     | 3. What specifically do you want to come out of the FAP Team staffing?<br>_____<br>_____<br>_____<br>_____                            |
| Yes | No | N/A | 4. Have you obtained appropriate signatures on the Consent for Exchange of Information form?  |
|     |    |     | 5. List name/address of any individual other than parents who need notification of this meeting.<br>_____<br>_____<br>_____<br>_____  |

(Please add additional names on the reverse side)

Surry County  
Family Assessment and Planning Team  
Referral Form/Summary and Findings

Date of Referral \_\_\_\_\_ Leading Agency/Presenter \_\_\_\_\_

Date of Staffing \_\_\_\_\_ Court Ordered/Parental Consent attached  
(circle one)

1. Identifying Data

Name of Child \_\_\_\_\_ Address \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Father/Step: \_\_\_\_\_ Age: \_\_\_\_\_ Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Mother's SSN: \_\_\_\_\_

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

Phone # ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Education: \_\_\_\_\_ Education: \_\_\_\_\_

Siblings:  
\_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

Significant Others: (Teachers, Scout leader, etc.): \_\_\_\_\_

2. Reason for referral: (include statement of presenting problem)

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

3. Steps taken to solve problem(s)/(previous problem): \_\_\_\_\_

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

4. Developmental, physical and medical information (Child and family) \_\_\_\_\_

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

5. Educational and Vocational Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Needs/Services: \_\_\_\_\_

---

---

---

---

---

Attendance (Past and Present): \_\_\_\_\_

---

---

---

---

Performance (Past and Present): \_\_\_\_\_

---

---

---

---

Child's Employment: \_\_\_\_\_

6. Emotional and Behavioral Information (Child and Family):

---

---

---

---

---

---

---

---

7. Family Financial and Insurance Information:

---

---

---

---

---

---

---

8. Description of home and neighborhood:

---

---

---

---

(Please attach additional information as needed)

Surry County  
Children's Service Act Program

Individual Family  
Service Plan

Name of Child: \_\_\_\_\_

Case Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

STI Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone(s): \_\_\_\_\_

Address(es): \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original Staffing Date: \_\_\_\_\_

Referral Source:

DSS

SHD

Follow-up Date: \_\_\_\_\_

SHS

SPS

MH

Parent

Case Manager: \_\_\_\_\_

Other: \_\_\_\_\_

Describe why the child needs services/placement:

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

Describe the strengths of the youth/family that may contribute to service delivery:

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

# Individual Family Service Plan

Name: \_\_\_\_\_

## Service Delivery

Service Objectives	Strategies	By: Stipulation	Begin Date	End Date	Progress

Progress Key: NI – Objective not initiated  
C - Objective completed (Provide date)  
P - Progressing on objective  
NM –Objective not met  
FC – Failed to complete objective (Attach written explanation)





# Individual Family Service Plan

Name: \_\_\_\_\_

Rationale for Placement/Services: The Committee has considered the following:

- Placement /services based on youth’s individual needs.
- Placement with age-appropriate peers
- Removal from the community only when nature or severity of youth’s needs is such that services cannot be achieved satisfactorily.
- Placement/services provided as close as possible to youth’s home.
- Any potential harmful effect on the child’s social and personal needs as well as the youth’s level of functioning or on the quality of services which is needed.
- Placement/services are most cost effective available to meet individual needs.

Participants:

<u>Signatures of Participants</u>	<u>Agency Title</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~~~~~  
**Parent Participation:**

Participated in the development of the IFSP? [ ] Yes [ ] No

**Parent Permission:**

I have been advised of the need for the placement/services described in this Individual Family Service Plan. I understand that I have the right to view my child’s records and to request a meeting to review the placement/services at any time. I understand that I have the right to refuse permission and to have my child remain in his/her present placement pending further action. I [ ] give / [ ] do not give my permission to implement this plan.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date