**HIBISCUS CHILDREN’S CENTER & BEHAVIOR BASICS**

Safe Care Program Referral

Return completed form to:

Behavior Basics

Phone: 772-463-0444 / Fax: 772-219-1339

Email: [info@behaviorbasicsinc.com](mailto:info@behaviorbasicsinc.com)

**Referral Date**\_\_\_\_\_\_\_\_\_\_

**Referral Source Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type (DCM, CPI, TCM, etc.):\_\_\_\_\_\_\_\_\_\_**

**Referral source contact info (email and phone number)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FSFN number (DCM/CPI referrals):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of Residence**\_\_\_\_\_\_\_\_

(Permission to contact referral source? Y N)

**Parent being referred for service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender** M F **DOB**\_\_\_\_\_\_\_ **SS#**\_\_\_\_\_\_\_\_\_\_\_\_ **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_ FL ZIP\_\_\_\_\_\_\_\_ **Home #**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to leave voice messages? Yes No

**Primary Language Spoken in home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Age** | **Gender** | **DOB** | **Resides with** | **School, grade, ESE?** |
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**Race**

(Circle one) 1. White/Caucasian 4. American Indian/Alaskan Native

2. African American/Black 5. Native Hawaiian/Pacific Islander

3. Asian 6. Multi-racial

**Ethnicity** 1. Puerto Rican 4. Other Hispanic

(Circle one) 2. Mexican 5. Haitian

3. Cuban 6. None of the above

**Insurance information** Medicaid Y N **Is client involved in Protective Services?** Yes No

**DCM name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency**\_\_\_\_\_\_\_

**Other agencies involved**? Yes No **If Yes please specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes please specify** (CEBH, DJJ, CHS, Mental Health, Suncoast)\_\_\_\_\_\_\_\_\_\_\_\_

**Check indicators of** \_\_\_\_Sexual Abuse \_\_\_\_Substance Abuse\_\_\_\_Domestic Violence

\_\_\_\_Physical Abuse \_\_\_\_ Incest \_\_\_\_ Human Trafficking \_\_\_\_ Trauma   
**Reason for referral** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_