

**JEFFERSON COUNTY FAMILY & CHILDREN FIRST COUNCIL
ENGAGE SERVICES**

REFERRAL FOR SERVICE COORDINATION

**Submit Form To: Family and Children First Council, c/o Jefferson County Education Service Center
2023 Sunset Blvd., Steubenville, OH 43952**

Or contact:

Linda Trushel- Supervisor

Email: ltrushel@jcesc.org

Phone: 740-491-0548

FAX: 740-792-4005

From/Name: _____ Date: _____

Affiliation: _____ Phone#: _____ FAX: _____

Affiliation Address: _____ Email: _____

Name of child being referred: _____ DOB: _____ Sex: _____

Race: _____ Current Grade in School: _____ Name of School Attending: _____

Reason for referral for Service Coordination (Eg: Service Coordination, Mentor, Respite, etc):

Diagnosis, if any:

Child lives with: ☐ Mother ☐ Father ☐ Other (Please provide contact information below):

Name of Parent and/or Legal Guardian: _____ Phone: _____

Address: _____

Parent and/or Legal Guardian agrees by signature and/or verbal consent that Jefferson County Family and Children First Council will be sent a referral for Service Coordination services. Parent and/or Legal Guardian have also been notified that they will be contacted by the Service Coordinator:

X _____

Parent/Guardian Signature and/or Verbal Consent

Date

OFFICE USE-TO BE COMPLETED BY SERVICE COORDINATOR:

Date Referral received by SC: _____ Date Reviewed by SC: _____

Date Family Contacted: _____ Family Assessment Completed on: _____

Eligible ☐ Yes ☐ No 1st Team Meeting Date: _____ Fidelity Case # _____

Level of Service: ☐ Level One ☐ Level Two ☐ Respite Referral (Form attached from JCBDD)