

**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      1<sup>st</sup> Team Meeting Date: \_\_\_\_\_ Fidelity Case # \_\_\_\_\_

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