Y-US, INC. DCF PROVIDER LINK NUMBER 57044 YOUTH UNITED FOR SURVIVAL

HELPING TRANSFORM YOUTH SINCE 1989 **UNIVERSAL REFERRAL FORM – FAX TO (860) 951-7269**

Available "Fee-for-Service"*:

These services are available for youth in all living arrangements
Fee schedule and minimum hours may vary

☐ **Trauma-Informed Peer Support Serices**:
- ☐ New Referral (average 4 hours/day)
- ☐ Re-Referral/Extension

☐ **Emergency Daytime Care and Other Services**

☐ **Transportation / TAXI Services ONLY**: Call 951-7268 ext 105 at least 3 days prior to need and include detailed instructions on DCF payment approval form

DCF payment approval form required before start of services

DCF Contracted Service

FAST (Foster and Adoptive Support Team)
☐ New Referral (3 months) ☐ Re-Referral / Extension
Contracted to provided at least **4** hours of respite per week. Additional hours available through Fee-for-Service of "Trauma-Informed Peer Support" at additional cost
(Referral must be submitted through DCF office's gatekeeper)

Better Horizons Prevention Program
☐ New Referral (limited availability)
(DCF worker's referrals for biological homes only; non-DCF referrals may include biological and adoptive homes)
(Submit referral directly; no DCF gatekeeper)

Child Information

Child's LINK ID number:_____

Child's name: _____ GENDER: M F Date of birth: _____/_____/_____

In DCF system since _____ Has child disrupted from any placements in the past year? No Yes (circle)

Typical behaviors / personality & clinical / mental health concerns / safety issues (diagnosis, medications, hospitalizations - if any please explain)_____

_____

_____

_____

_____

_____

PLEASE BE AWARE THAT WE DO NOT ADMINISTER MEDICATIONS

DCF Status (circle one)

01 Dual Commitment (neglected/abused/delinquent)	04 Committed FWSN	07 Delinquent Parole Services	14 TPR Child in Placement	18 Order of Temporary Custody
02 Committed abuse/neglect/uncared for	05 Protective Services (CPS)	08 Voluntary Services	15 Adoption (Subsidized)	
03 Committed Delinquent	06 FWSN non-committed	12 Non-DCF but Prior Involvement	16 Adoption (Not Subsidized)	99 Other:_____

Caregiver Information

Caregiver name:_____ Issues/concerns in home:_____

Address:_____ _____ _____
Street and Number Town Zip code

Home phone:_____ Work phone:_____ Cell phone:_____

PLACEMENT (circle one): BIOLOGICAL HOME ADOPTIVE HOME GUARDIANSHIP HOME SPECIAL STUDY HOME
RELATIVE FOSTER HOME FOSTER HOME THERAPEUTIC FOSTER HOME PRE-ADOPTIVE HOME OTHER_____

DCF OFFICE: _____ **HARTFORD** _____ **MANCHESTER** _____ **NEW BRITAIN** ____ **OTHER DCF:**_____ ____ **NON- DCF:**_____

PERSON MAKING REFERRAL

DCF SOCIAL WORKER: _____ PHONE: _____ ☐

DCF SUPERVISOR: _____ PHONE: _____ ☐

FASU WORKER: _____ PHONE: _____ ☐

OTHER:_____ PHONE: _____ ☐

Person making referral will be contacted upon receipt

Y-US OFFICE USE ONLY

DATE REFERRAL RECEIVED: ____/____/____ **DATE SOCIAL WORKER CONTACTED:** ____/____/____

START DATE: ____/____/____ **DATE FAMILY CONTACTED:** ____/____/____