

SYSTEMS OF CARE

A PARTNERSHIP OF
FAMILIES, SCHOOLS,
& COMMUNITY BEHAVIORAL HEALTH

EARLY
IDENTIFICATION
•
INDIVIDUALIZED
INTERVENTION

Referral Info Needed:

Youth Name:

Parent/Guardian Name(s):

Best contact number:

Youth date of birth:

Youth last 4 #s of soc sec #:

County of residence:

School attending & Grade:

Ethnicity:

of children in home:

For office use only:

Please return to Aurora Blair at CACS:
aurora.blair@cacsnet.org

605.295.4407.

Stars #:

I, the parent, or legal guardian of above-named youth,

- consent to services which may include educational groups and social skills groups, mental health or behavioral screenings and services as identified by family partnering with CACS clinical specialists
- consent to having _____ communicate with SOC coordinator in regard to my child.
- Understand that service is not intended for long-term treatment, and that the SOC clinician may determine that my child is appropriate for long-term care outside of SOC services.

Signed*: _____

Date: _____

*Parent may indicate a verbal consent over the phone, and document signed by referral source, if requested by parent.

This consent will expire one year from today or when otherwise revoked.

Teacher: Why referred?



SOC are free of charge to families.

What are the needs of the youth &/or family (priority)? Please check all that apply and list any additional information needed.

<u>Health needs</u> Connect to resources Support overall health and wellness Support hygiene and personal care Notes: _____	<u>Emotional / Behavioral</u> Improve emotional regulation skills Improve responses to emotions in healthier ways <ul style="list-style-type: none">- Anger- Grief/sadness- stress Develop coping skills to enhance emotional development <ul style="list-style-type: none">- Listening- Accountability/ Reliability- Social skills- Conflict resolution- Relationship building- Improve communication Notes: _____
<u>Basic Needs (food, clothing, shelter)</u> Assist with resources for basic needs when needed Connect to appropriate community resources Notes: _____	<u>Community involvement/connections</u> Encourage and support social interaction Connect to peer group association and activities Notes: _____
<u>Safety needs</u> Assisting families in assessing safety needs Education on safety Medication and gun locks Notes: _____	<u>Housing needs</u> Explore housing assistance options Notes: _____
<u>Social supports</u> Skills to help build relationships Increase family engagement/connectivity/communication Develop/build primary support group Notes: _____	<u>Educational needs</u> Connect with appropriate educational stuff Notes: _____