Please send referrals to Megan Schultz mschultz@evolutionblair.com Ph# 814-201-2751 Fax# 814-201-2758

*MDFT is a family centered, community-based treatment for youth struggling with mental health, complex clinical (including substance use and other issues), social and educational challenges. MDFT intervenes in 4 related areas: youth, parents, family and community. It includes individual therapy for youth, parent education and support, family therapy and community interventions and collaborations. From a foundation of improved family relationships, MDFT emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and interact positively with their youth.*

|  |  |  |
| --- | --- | --- |
| DATE OF REFERRAL | REFERRAL SOURCE | REFERRAL CONTACT # |
|  |  |  |

|  |
| --- |
| YOUTH INFORMATION |
| FIRST NAME: | DOB: | AGE: |
| LAST NAME: | RACE/ETHNICITY: | PHONE:  |
| ST ADDRESS: | CITY, STATE, ZIP: |
| RESIDES WITH: | RELATIONSHIP: |
| SCHOOL: | GRADE: |
| PRIMARY LANGUAGE: |  |

|  |
| --- |
| CAREGIVER INFORMATION |
| FIRST NAME: | LAST NAME: |
| ST ADDRESS: | CITY, STATE, ZIP: |
| PHONE: | EMAIL: |
| PRIMARY LANGUAGE: |  |

|  |
| --- |
| LEGAL GUARDIAN INFORMATION |
| FIRST NAME: | LAST NAME: |
| ST ADDRESS: | CITY, STATE, ZIP: |
| PHONE: | EMAIL: |
| PRIMARY LANGUAGE: |  |

Is the youth currently on probation? [ ]  Yes [ ]  No Officer:

Is the youth/family currently CYF involved? [ ]  Yes [ ]  No Caseworker:

**Youth Concerns**

**Has the youth experienced any of these challenges in the last 90 days? Check all that apply.**

[ ]  Substance use:

 List substances: [ ]  Delinquent conduct/oppositional behaviors

[ ]  Family conflict [ ]  School problems (truancy, behavior, performance)

[ ]  Anxiety [ ]  Violence

[ ]  Depression [ ]  Impulsivity

[ ]  Verbal aggression [ ]  Emotional dysregulation

[ ]  Physical aggression [ ]  Trauma

[ ]  Homicidal ideation [ ]  Runaway/AWOL behaviors

[ ]  Suicidal ideation [ ]  Housing instability/homelessness

**Has the youth experienced any of the following? Check all that apply.**

[ ]  Suicide attempt [ ]  Drug or alcohol overdose

 Comment: Comment:

[ ]  Psychiatric hospitalization [ ]  Drug rehab/detox

 Comment: Comment:

[ ]  Symptom(s)/episode(s) of psychosis [ ]  Removal from home due to child maltreatment

 Comment: Comment:

[ ]  Trauma [ ]  Living out of home placement

 Comment: Comment:

[ ]  Other:

 Diagnosis, if known:

Is the family: [ ]  willing to accept treatment [ ]  somewhat resistant [ ]  resistant to treatment?

Is the family willing to be audio and video recorded for required training purposes? [ ]  Yes [ ]  No

Identified supports/strengths (family, friends, faith, community, etc.)

List current providers:

List other pending referrals:

Reason for referral and other important information: