801 S Kettle St

***Family Group Decision Making***

Altoona PA, 16602

Office #: (814) 201-2751

*\*Please send referrals to: Alexis Gerwert, B.S., FGDM Director*

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| **DATE OF REFERRAL** | **REFERRAL SOURCE** | | **REFERRAL CONTACT #** | |
|  |  | |  | |
| **CYF/JPO ASSIGNED STAFF** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |
|  | | | | |
| **CYF/JPO ASSIGNED SUPERVISOR** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |
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| **PRIMARY CLIENT** | | |
| **FULL NAME** | **DOB/ AGE** | |
|  |  | |
| **CIRCLE ONE: MALE/ FEMALE/ OTHER** |
| **STREET ADDRESS** | **CITY, STATE and ZIP CODE** | |
|  |  | |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
|  |  |  |
| Who has legal custody of the adolescent? |  | |
| Where does the adolescent currently reside? |  | |

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| **FAMILY** | | |
| **Primary Caregiver** |  | |
| **Address** | | **Phone** |
|  | |  |
| **Natural Mother** |  | |
| **Address** | | **Phone** |
|  | |  |
| **Natural Father** |  | |
| **Address** | | **Phone** |
|  | |  |
| **Number of siblings living in home** | | **Other Key Supports** |
|  | |  |

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| **REASON FOR REFERRAL** |
| **Purpose – What do you hope to accomplish with this referral?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What are the main concerns that **HAVE** to be addressed by the family at the meeting for you to accept the family’s plan? These are the **NON-NEGOTIABLE** concerns that address safety, permanency, and well-being and should guide the **PURPOSE** of the meeting. These will be shared with the family during coordination.  **Concerns:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Brief description of circumstances and any other important information that you feel would be helpful**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Have you discussed the practice of FGDM with the family?**  \_\_\_\_ Yes \_\_\_\_ No  If no, when are you available to meet with the family and a FGDM coordinator to discuss the possibility of having a meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please complete the Evolution Counseling Services, LLC. FGDM Prescreening Form upon submission of this referral**

\*Feel free to attached additional info if necessary, such as evaluations, school reports, or narrative info

**FGDM Prescreening Form**

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| Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Primary Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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| 1 | **Are you, as the Referral Source, willing and dedicated to participating in the FGDM process?** | |
|  | Yes | No |
| 2 | **Have you discussed and reached an agreement with the family and all participants on the intended purpose of the FGDM conference, including the desired results and key areas of focus?** | |
|  | Yes | No |
| 3 | **Would you, as the referral source, be willing to accept the plan developed by the family during the FGDM conference that addresses the agreed-upon purpose?** | |
|  | Yes | No |
| 4 | **Have you consulted with your supervisor or a colleague to confirm the appropriateness of your referral?** | |
|  | Yes | No |
| 5 | **To the best of your knowledge, is the family free from issues related to domestic violence, sexual abuse, or legal matters – such as custody disputes, active P.F.A. orders, or incarceration – that could pose a barrier to the plan?** *If no, please clarify below.* | |
|  | Yes | No |
| *If no, please clarify:* | | |
| 6 | **Are you open to approving follow-up conferences if needed?** | |
|  | Yes | No |
| 7 | **When would you be able to staff this briefly with the FGDM supervisor and coordinator?** | |
|  | Yes | No |