



**KING WILLIAM COUNTY
FAMILY ASSESSMENT AND PLANNING TEAM**

**POST OFFICE BOX 187
KING WILLIAM, VIRGINIA 23086**

**PHONE (804) 769-4905
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ANN G. PORTER (804) 769-4922**

PARENT/GUARDIAN REFERRAL FORM

Date of Referral _____ Date of Staffing _____

Child's Identifying Data:

Name _____

Address _____

City

Zip

Social Security # _____ Home Phone _____

Age _____ Sex _____ Race _____ Date of Birth _____

School _____ Grade _____

Mother _____ Address _____

Father _____ Address _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

Guardian_____ Address_____

Has there been a termination of Parental Rights? Yes No
If yes, when and which court_____

What medical coverage does the family have?

Check any Agencies you have had contact with:

DSS_____ CSU_____ MP-NN CSB_____ KWCPs_____ WPPS_____

Health Department_____ Other_____

Presenting Problem(s):

- _____ Intellectual disability _____ Developmental disability
- _____ Substance abuse _____ Serious emotional disturbance
- _____ Autism _____ Delinquency/Court involvement
- _____ Acting out behavior _____ Truancy
(e.g. runaway)
- _____ Learning disability _____ Poor academic performance
- _____ Physically/emotionally _____ Sexually abused
abused
- _____ Sexually abusive _____ Neglected
- _____ Physical disability _____ Visual/Hearing impaired
- _____ Traumatic brain injury _____ Speech/Language disorder
- _____ Chronic health problem _____ Pregnancy/Parenthood
- _____ ADHD _____ Aggressive behavior
- _____ Other (please specify)_____

Has child been placed out of the home in the last 12 months? Yes No

If yes, for how many days? _____

Where was the youth placed? What was the outcome of this placement?

Prior interventions to address the problem:

_____Conference with parent _____Homebound instruction

_____In-school suspension _____Respite care

_____Out-of-school suspension _____Probation

_____Special education evaluation/Special education services (when, where and what are were the results) _____

_____In-home services (when and with whom)

_____Counseling (when and with whom)

_____Court involvement (when & why)_____

_____Psychiatric/psychological evaluation (when, with whom and end result)

_____Other (please specify)_____

List youth's medication and the reason for the medication:

Checklist of Mandatory Documents:

**(Include documents that are applicable to your child's history.)
Documents needed at least one week prior to scheduled FAPT
meeting.**

- Recent psychological evaluation
- Recent psychiatric evaluation
- Documentation of any medical issues/problems
- Current IEP
- Recent educational testing
- Records of court involvement
- Documentation from Intensive In Home Counseling group
- Documentation from outpatient mental health services provider
- Verification of income
- Medical insurance

It is the parent/guardian's responsibility to acquire these documents and not individual agencies.

Return all information to:

**Ann G. Porter, KWC CSA Coordinator
P.O. Box 187
172 Courthouse Lane
King William, VA 23086**

Email: ann.porter@dss.virginia.gov

Phone: 804-769-4922

Fax: 804-769-4979