



TOGETHER WE SUCCEED
REFERRAL PACKET

Program Description:

Our Together We Succeed program is designed to come alongside families engaged by the child welfare system and to provide education and support. The goal of our program is to engage families to provide greater insight to the behavioral health needs of their child and to work together to develop an individualized plan to ensure the success of the entire family. This voluntary program is intended to support parents of children with a behavioral diagnosis (Adjustment Disorder, Post-Traumatic Stress Disorder, Mood Dysregulation Disorder, Attention-Deficient Hyperactivity Disorder) to ensure each parent acquires the knowledge and confidants to meet the unique needs of their child. **Prior to making a referral, please contact the caregiver to ensure services are wanted in the home.**

Please email the following in your packet and email the completed packet to Leigh Ann Drew at LADrew@FI-Florida.org.

The completed packet should include:

- Referral Form (included below)
- Family Initiative Release Form (included below)
- Documentation showing need for one of the following:

Current Diagnosis: _____

Current Medications: _____

Additional medical diagnoses/concerns: _____

Other services/providers (i.e., OT, PT, speech therapies, etc.): _____





REFERRAL FORM

Referral Date: _____ **FSFN Case ID #:** _____

CWVM Name: _____ **Phone:** _____ **Email:** _____

Supervisor: _____ **Phone:** _____ **Email:** _____

Caregiver Name(s): _____

Address: _____

Home Phone: _____ **Cell:** _____ **Email:** _____

Family has agreed to referral:

Identified Child: _____ **DOB:** _____ **Child Medicaid #:** _____

Identified child's mental health diagnosis: _____

Additional Comments: _____



**Signature of
Case Manager**

**Signature of
Supervisor**

For Family Initiative Use Only

Date Referral Received: _____ Date of Initial Contact: _____ Date of Initial Visit: _____