

FAPT/FAST       Private Placement/Self-Pay

Name of Caller \_\_\_\_\_ Agency \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

Language \_\_\_\_\_ Need Interpreter YES  NO

Child's Home Address or Current Residence: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Biological     Foster     Adoptive     Other \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ **Requested Hours:** \_\_\_\_\_

**Reason for referral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Strengths/ (+) Bxs re: living situation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Weaknesses/ (-) Bxs re: living situation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School (location, grade, adjustment, IEP)**

\_\_\_\_\_  
\_\_\_\_\_

**Previous Therapy (where, how often)**

\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis**

\_\_\_\_\_  
\_\_\_\_\_

**Medication**

\_\_\_\_\_  
\_\_\_\_\_

History of Abuse:      Sexual       Physical       Verbal       Emotional       N/A

History of:      Sexual acting out      YES  NO   
                         Physical aggression      YES  NO   
                         Verbal aggression      YES  NO

History of neglect      YES  NO

History of Substance Abuse      YES  NO

**Goals for Mentoring Treatment Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Medical/Health concerns or any issues to be aware of:**  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Mentoring requested:**  
Basic Mentoring  Therapeutic Mentoring

**Type of Mentor requested:**  
AA  Hispanic  Caucasian  Bilingual   
Male  Female  N/A



**Staffing Attendees** \_\_\_\_\_ **Date of Staffing** \_\_\_\_\_

**Meets Criteria** YES  NO  **Counselor Considered** \_\_\_\_\_  
**Placed** YES  NO  **Start Date** \_\_\_\_\_

**Reasons placed/not placed**  
\_\_\_\_\_  
\_\_\_\_\_

**FCSVA signature/title**  
\_\_\_\_\_

.....  
**Entered Into Social Strength**