



Families Stronger Together
Referral Form

Client Information:

Client Name: _____ DOB: _____ Age (must be age 8-17): _____
Address: _____ City/Zip: _____
Date of Referral: _____ Religion: _____ *Ethnicity: select
*Gender: select *Race: select
Primary Language: English Secondary Language: _____

*as reported by client

Legal Guardian(s):

Name: _____ Relationship to Client: _____ Cell #: _____ Work #: _____ Best time to call: _____ E-mail: _____ Address: _____ Home #: _____
Name: _____ Relationship to Client: _____ Cell #: _____ Work #: _____ Best time to call: _____ E-mail: _____ City/Zip: _____

Primary Caregiver(s) – where client is residing

checkbox check if the same as Legal Guardian(s)

Name: _____ Relationship to Client: _____ Cell #: _____ Work #: _____ Best time to call: _____ E-mail: _____ Address: _____ City/Zip: _____
Home #: _____ Length of Time Client has Resided with Primary Caregiver(s): _____

DCFS/POS Caseworker Information:

checkbox Not applicable

DCFS/POS Caseworker Name: _____
Agency Name & Address: _____
Phone Number: _____ Email Address: _____

Referral Agent Information:

Not applicable

Name of Person Completing this Referral: _____

Agency Name & Address: _____

Phone Number: _____ Email Address: _____

School

Information not available

Name of School: _____ Current Grade: _____

Address: _____ City/Zip: _____

Phone #: _____

Legal*

Not applicable

Information not available

Date	Type of Incident	Location of Incident	Disposition of Incident	Past, Present or Pending

*List all police involvement (regardless of status or disposition):

Mental Health Concerns

None

Information not available

Current Services

Not applicable

Information not available

List any community-based and/or mental health services being provided to the client and family:

Service	Agency	Contact person	Current Status

Reason for Referral:



Families Stronger Together
Referral Form (page 3)

If available, please include the following documents with this referral form:

- Completed Referral Form
Consent for Release of Information from Cunningham Children's Home to/from Legal Guardian(s)
Relevant Assessment Reports (e.g., YASI)
Family/Social History Reports
Counseling and Progress Reports
Educational Reports and Assessments (e.g., IEP)
Police/Court Reports

Completed referrals should be mailed or faxed to:

Penne Biggers - Intake and Admission Specialist
1301 North Cunningham Avenue
Urbana, IL 61802
217-337-9059 (phone)
217-367-5910 (fax)

For Cunningham Children's Home use only:

Date referral form received: _____

Date referral form given to: [] A.D. of Family Services [] Director of Community Services _____

Referral Disposition:
[] Approve [] Admit: _____ [] Add to waitlist
[] Decline: Decline reason:
[] Withdrawn: Withdrawn reason:

Select Name
Select Title

Date