COLLABORATIVE MANAGEMENT PROGRAM REFERRAL FORM

Park County, Colorado

***PFC Referral Process Overview***

If you are a partner of PFC and have a referral, please email or call the PFC coordinator, Violeta Byram, at 719-836-8831, or 719-755-2458. E-Mail: [vbyram@tre.org](mailto:vbyram@tre.org)

**If Referring Via E-Mail…**

* Notify the PFC Coordinator via regular E-Mail or phone of intent to make referral.
* The PFC Coordinator will send you an encrypted email with the referral form.
* Once the form is completely filled out, please attach to the encrypted email and return to PFC Coordinator.
* If the referral form is unsigned, please confirm in the E-Mail the family's consent to be contacted by PFC coordinator.

**If Referring By Phone…**

* Complete the referral form, collecting all necessary information and then call the PFC Coordinator.
* Family's consent to contact will still need to be documented by referring agency via E-Mail or during the phone conversation with the Coordinator.

***Referring Agency’s Responsibilities…***

* Explain to the family the PFC Program and if possible provide the family with a brochure or PFC Introduction Letter.
* Clarify to the family that the PFC Program is free, voluntary, and confidential.

***\*\* The PFC Coordinator will contact the family within 48 hours to set up a meeting, once all the information is provided.***

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| PFC Program was explained to the family. |  |  |
| Brochure or PFC Introduction Letter was provided to the family. |  |  |

***Community Ties*** (select at least one) ***At Risk Involvement*** (select at least one)

Diversus Health Services  Mental Health

Diversus Health Network, Designated Managed Services Org (MSO)  Office of the D.A. 11th Judicial District

Boys & Girls Clubs of the High Rockies  Public Health

Child Welfare  Park County Sheriff’s Office

Child Care  Park County Victim Services

CO Health Partnership, Behavioral Health  Parenting

DHS  PeaceWorks

Division of Youth Services  Platte Canyon Community Church

Education School District:  RE1  RE2

Health and Wellness  Support Network

Health Coverage  Substance Abuse

Judicial District Probation Department  Safety

Judicial District Courts  TRE

Juvenile Justice  Division of Youth Services

Legal

Mountain Resource Center

Mountain BOCES

*Revised Date: 5/8/2023*

 COLLABORATIVE MANAGEMENT PROGRAM REFERRAL FORM

Park County, Colorado

Referring Agency Information

|  |  |
| --- | --- |
| Referring Agency | Date |
| Referring Contact | Agency (If different from above) |
| Phone Number | E-Mail Address |

Client Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent(s) / Guardian(s) | | | |
| Street Address | | City, State | Zip Code |
| Mailing Address (If different from above) | | City, State | Zip Code |
| Home Phone | Mobile Phone | E-Mail Address | |

|  |  |  |
| --- | --- | --- |
| Targeted Youth Name | Date of Birth | Relation to Parent/Guardian (Daughter, Stepson, Adopted Son, etc.) |
| Other Family Member | Date of Birth | Relation to Targeted Youth (Brother, Stepsister, Adopted Brother, etc.) |
| Other Family Member | Date of Birth | Relation to Targeted Youth (Brother, Stepsister, Adopted Brother, etc.) |
| Other Family Member | Date of Birth | Relation to Targeted Youth (Brother, Stepsister, Adopted Brother, etc.) |

Referral Information (List family’s strengths, needs and the reason for the referral)

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Name of Family Member Contacted | Date | Method of Contact |

I understand the extent and purpose of the disclosure to be made and hereby consent and authorize the

disclosure and receipt of the information. (**Required**)

Yes  No  Client Signature: Date:

**Park Family Connections – CMP Coordinator: Violeta Byram • Tel: (719) 836-8831 • Email:** [**vbyram@tre.org**](mailto:vbyram@tre.org)

*Revised Date: 5/8/2023*