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

**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*

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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**

*Revised Date: 5/8/2023*