

**CDS Family & Behavioral Health Services, Inc.**  
UNIVERSAL YOUTH REFERRAL FORM



www.cdsfl.org

Interface Youth Program Shelter  
1400 NW 29<sup>th</sup> Road  
Gainesville, FL 32605  
PHONE: (352) 244-0618  
FAX: (352) 244-0699

Family Action  
3615 SW 13<sup>th</sup> Street, Suite 4  
Gainesville, FL 32608  
PHONE: (352) 244-0628 x3822  
FAX: (352) 244-0668

**REFERRED BY:**

Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**IDENTIFIED PARTICIPANT:**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Parents/Legal Guardian/Custodian: \_\_\_\_\_  
name relationship

name relationship

Address: \_\_\_\_\_  
street city zip

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Social Security: \_\_\_\_\_

E.S.E. \_\_\_\_ Yes \_\_\_\_ No If yes, what is the disability? \_\_\_\_\_

Child aware of the referral? \_\_\_\_ Yes \_\_\_\_ No Parent aware of the referral? \_\_\_\_ Yes \_\_\_\_ No

**REFERRED FOR: (check all that apply)**  Truant/ School concerns  Runaway  Lockout  Ungovernable  
 Family concerns  Behavior concerns  Substance use  Other

Briefly explain the presenting problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CINS/FINS CRITERIA:**

Does referral involve abuse, neglect, or abandonment? \_\_\_\_ Yes \_\_\_\_ No

If yes, was DCF contacted? \_\_\_\_\_

Are there pending allegations or referrals for delinquency? \_\_\_\_ Yes \_\_\_\_ No

If yes, what charge? \_\_\_\_\_

Is the child under supervision with DCF or DJJ for adjudication for dependency or delinquency? \_\_\_\_ Yes \_\_\_\_ No