



DISC VILLAGE

Family Intensive Treatment (FIT) Referral

Parent's Last Name: _____ Parent's First Name: _____ MI: _____

Case #: _____

DOB ___/___/___ SSN: _____ Medicaid #: _____ [] Male [] Female

CPI/DCM Making Referral Name & Phone Number: _____

Parent's Phone Number : _____ County: _____

Parent's Address: _____

Eligibility Criteria (check all that apply):

- [] Caregiver has a substance abuse disorder (required) AND [] Caregiver has a child aged 0-10 (required)
[] Caregiver is willing to participate OR [] Family is court ordered to participate

Additional Eligibility Criteria (check one):

- [] Has a child under non-judicial supervision previously deemed unsafe at home with a safety plan & case management
[] Has a child under dependency judicial supervision previously deemed unsafe at home with a safety plan & case management
[] Has a child under dependency judicial supervision previously deemed unsafe and placed in out of home care

Priority Criteria (check all that apply) :

- [] Has a child(ren) aged 8 or under (child/children's ages are _____)
[] Has a child with a mental and/or physical disability [] Has a mental health diagnosis [] Had a child born substance exposed
[] Has previously been open to DCF case management [] Has previously participated in substance abuse treatment
[] Has had a previous child removed from the home [] Has been reunified within the past 12 months
[] Has no reliable transportation [] Is a young parent (under 21) [] Baker Act / Marchman Act in past 60 days
[] One parent incarcerated [] Parent not currently employed [] Single Parent Household [] No support system
[] Other risk factor(s): _____

Notes/Remarks (include information about previous diagnoses, treatment providers and programs, etc.):

Please return completed form to FIT Supervisor, Meghan McCloskey, at meghan.mccloskey@discvillage.org