Travis County CRCG

Meeting Referral Form - Family Questionnaire

We look forward to partnering with you in support of your child. Please answer all questions and provide as much detail as possible. The more information we have the more program eligibility we can hopefully provide your family. You are welcome to attach additional information and documents you feel would be helpful for the community members to review.

Child & Family Information

Date: _____

Child's Legal Name: _____ Date of Birth: _____

Is your child known by or prefer any other names: _____

Child's Preferred Language: _____

Parents/Guardians Name(s): _____

Relationship to Child/Youth: _____ Preferred Language: _____

Family Address: _____

City & Zip Code: _____ Primary Phone #: _____

County: _____ Family Email Address: _____

Below demographic information is used for statistical data and does not impact your child or family's eligibility for services.

Child's Gender Identity (choose all that apply): ☐Female ☐Male ☐Non-Binary ☐Gender Not Specified

☐Genderqueer/Androgynous ☐Transgender Female ☐Transgender Male ☐Choose not to answer

☐ Or list in you or your child's own words: _____

Child's Preferred Pronouns: ☐she/her/hers ☐he/him/his ☐they/them ☐ze/hir/hirs

☐ Or list in you and/or your child's own words: _____

Child/youth's identified race (please mark all that apply):

☐American Indian or Alaska Native

☐Asian

☐Black or African American

☐Choose not to answer

☐Native Hawaiian or Other Pacific Islander

☐White

☐Other: _____

Does child/youth identify as Latino or Hispanic? ☐ Yes ☐ No

Referral Information

Person Who Referred Family to CRCG:

Name: _____ Agency: _____

Contact Info (Phone #/Email): _____

Reason for Referral (summary of your child's behaviors, current needs, concerning events, diagnoses, etc.):

_____

_____

_____

_____

_____

_____

_____

Current services your child is receiving, and agencies or organizations involved with your child:

_____

_____

_____

_____

_____

Past services, agencies, or organizational support your child has previously received:

_____

_____

Are you considering placing your child out of the home for treatment or other needs?

_____

_____

Name of school your child currently attends. Who is a good contact person on their campus (please include full name, phone, and email address)?

_____

_____

Is your child at risk of not being able to attend the school of your and/or their choice? (placed in an alternative program, suspended due to behaviors, etc.)?

Do you feel you need help advocating for your child with their school? ☐Yes ☐No

Does your child have any medical conditions, physical challenges, intellectual, or developmental delays (include any treatments they receive or have received in the past)? _____

What are you child strengths? _____

What are your family's strengths? _____

What does your child and family enjoy doing together? _____

What are you as a parent and caregiver doing to take care of yourself?

What additional supports and/or services would you like for yourself as the child/youth's caregiver?

Household Members

Who lives in the child/youth's home? (please include relationship to child/youth & age of any children)

_____

_____

_____

_____

_____

_____

Any Parent or Legal Guardian Residing Outside of the Home?

_____

_____

Any additional caregivers who often visit in the home or whose home the child/youth stays?

_____

_____

Additional Child & Family Information

The following information will help us identify potential services and supports available for your child & family.

Insurance and/or Healthcare Coverage of Child/Youth:

☐Medicaid (Company: _____ ☐Star ☐Star Kids

☐CHIP ☐MAP ☐Private Coverage (Company: _____)

☐No Current Insurance/Healthcare Coverage

Household Income of Family and Caregivers:

There are no income criteria for the CRCG meeting. We collect this information to ensure we do not recommend or refer your family for a program that may not be an option based that program's income criteria.

Family and Caregiver Income (employment, social security, retirement, etc):

Total Family/Caregiver Income: _____ ☐ Monthly ☐ Annual

Sources of Income: ☐Employment ☐Social Security ☐Retirement ☐Child/Youth SSI/Disability

☐Child Support Received ☐Adoption Subsidy ☐Other Income/Payments or Information: _____

_____

Does your child or family have any faith, religious, or other affiliations that you would like taken into consideration when identifying available services and supports? _____

_____

_____

Any other information you would like to be taken into consideration when identifying available services and supports? _____

_____

_____