Safe and Healthy Families Referral

Email to lanierfamcom@gmail.com or fax to 229-482-2334

Safe and Healthy Families is a substance abuse group for women and men that will be led by a family support associate with Lanier County Family Connection. Referring a family to the program does not guarantee them a spot. Each group will have approximately 6 women /men who will be selected following an intake assessment. The remaining families will be placed on a waiting list and the case manager will be notified. Group sessions will take place on one weekday evening a week. Please send questions to Amy Griffin at lanierfamcom@gmail.com or 229-585-1986.

**Date referral submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Client phone number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children’s name and birthdates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Referral Source:**

* DFCS placement
* DFCS family support
* DFCS family preservation
* DJJ
* Drug court
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When is the client’s case or involvement with the agency expected to close?**

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**Case manager’s name and contact information**

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**What concerns brought the client to the agency?**

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**Client’s drug of choice (please select all that apply:**

* Alcohol
* Methamphetamines
* Cocaine
* Opiates (i.e. Heroin, Carfentanyl)
* Ecstasy/Molly/Flakka
* Marijuana
* Hallucinogens (i.e. LSD, ketamine, PCP)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prescription drugs- opioids (i.e. Methadone, Oxycodone, Vicodin, Morphine, Hydrocodone)
* Prescriptions drugs – benzodiazepines (i.e., Xanax, Klonopin, Ativan, Valium)

**Has the client been evaluated for mental health concerns? If so, where are they seen and what is their diagnosis? To your knowledge, do they take their medication as prescribed?**

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**Based on your knowledge, please select all of the following traumatic experiences that apply to your client:**

* History of sexual abuse/rape
* History of physical abuse
* History of emotional/verbal abuse
* History of client being placed in foster care
* History of domestic violence
* History of parental substance abuse
* History of parental incarceration
* Legal issues/incarceration of the client
* Loss of a significant person in their life
* History of child neglect
* Significant illness or accident (i.e. car accident, natural disaster, cancer, etc.)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the client need childcare to attend group sessions?** Yes / No

**Does the client work? If so, where and what is their work schedule?**

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**What is the client’s education level?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there additional concerns that you’d like addressed in the homevisit component of the program? (i.e. family engagement, appropriate discipline, domestic violence safety planning, budgeting, etc.)**

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