Family Peer Support Specialist (FPSS) Request Form

SALT LAKE COUNTY YOUTH SERVICES

FOR OFFICE USE ONLY

Received referral: _____ Referral given to _____ on _____

Referral Date: _____ Referral Type: ☐ **Professional** ☐ **Self-Referral**

CONTACT INFORMATION:

Referring Agency/Organization: _____

Referrer's Name: _____

Phone Number: _____

Email: _____

CLIENT INFORMATION:

Child's Name: _____

Child's DOB: _____

Race: _____ Ethnicity: _____

Therapist Name: _____

Therapist Phone #: _____

Insurance: _____

Parent / Guardian's Name: _____

Relationship: ☐ Bio ☐ Adoptive ☐ GParent ☐ Other_____

Parent / Guardian Phone Number: _____

Parent / Guardian Address: _____

Parent/Guardian Email: _____

Parent/Guardian Insurance: _____

School Information

Name of School: _____

Address of School: _____

Social Worker's Name/Phone #: _____

Special Ed's Teacher's Name/Phone #: _____

Court/DCFS Involved

Childs Probation officer: _____

Officer's Phone #: _____

DCFS worker: _____

Case Worker's Phone #: _____

Prior Services History (Treatment Programs; Therapy; In-home Services, etc.)

- ☐ AIM
- ☐ DBT
- ☐ Families First
- ☐ Hopeful Beginnings
- ☐ KIDS
- ☐ New Beginnings
- ☐ HMHI (formerly UNI)
- ☐ Utah Behavioral Services
- ☐ Utah House
- ☐ Utah State Hospital
- ☐ Other _____

Reason for referral (Summary of what is going on and what the needs are; include step-down plan as needed)

Once completed, please save and send form to kford@slco.org. Questions please call Kelly at 801-631-1086