

Lucas County Children Services REFERRAL FOR SERVICES

Note: Please complete a [separate form](#) for each service provider requested

Date:	Caseworker (CW):	Phone: (419) 213 -	CW Supervisor:
Case Name:	SACWIS CASE ID#:	CW e-mail address (optional): @jfs.ohio.gov	Date FAXED to Provider:

For any child referred, please include information regarding child placement and child's caregiver:
 Own Home Relative Home LCCS general foster care LCCS treatment foster care Other: _____

Name of child's caregiver: Foster parent Relative Other

Individuals Referred <small>(individual MUST be on the above case #)</small>	DOB	Custody Holder	Address of Individual referred for services	Phone

Area of Concern/Focus for Treatment: (example: goals of service, behaviors of children, limitations of clients)

Anticipated LCCS close date (referral must be approved and faxed to Provider before LCCS close date):

NON-CONTRACT COMMUNITY MENTAL HEALTH PROVIDERS (for tracking/information sharing)
MENTAL HEALTH REFERRALS STILL REQUIRE CASEWORKER or CLIENT TO SET UP APPOINTMENT
 Release of Information Section **Must** be completed, signed and attached before referral can be faxed

Due to confidentiality concerns, please only list one client above and include only one client on the release of information.

Client's insurance Type:

Mental Health Agency:

Service Requested:

For referrals to contract services only, Supervisor and Coordinator of Client Services must sign the last page (not required for MH referrals).

Adult Services

Providence Center for Social and Economic

ID#5557635 (419) 244-0666

Services for parents

- Group services: Anger Management
- Group services: Domestic Violence
- Group services: Interactive Parent Education Services.
 - Child/ren's Age/s: _____
 - Parent Support
- Parent Support (Available for parents who have successfully completed parenting, but would benefit from additional one on one information below must be completed prior to approval.)

Prior Parenting Services successfully completed at:

Date Parenting Services were completed:

Must provide Parenting Certificate

YWCA of Greater Toledo

ID#11111111 (419) 244-0666

DV Services

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1018 Jefferson Ave. Toledo OH, 43604

Contact Keyshyra Reid (ext: 3292) for immediate assistance with services. If she is unavailable, contact Christina DeSilvis (ext: 3765).

Child Services

Youth Advocate Programs, Inc.

ID231977514 (419) 255-3880

Mentoring Services for Youth (ages 12 and up)

- Mentoring Services
 - Individual Mentoring services/24hr Crisis Management**
 - 1709 Spielbusch, Suite 200
 - Toledo, Ohio, 43604

Family & Child Abuse Prevention Center

ID#5549814 CAC-(419) 292-2927

- CHILD ADVOCACY CENTER**
 - Joint Interview / Crisis Counseling/Safety Education**
 - 2460 Cherry Street
 - Toledo, OH 43608

SPECIALIZED EDUCATION SERVICES

Sylvan Learning Center - Tutoring

Name of youth's school:

School address:

Grade:

General Ed Special Ed Other Referring for Educational Assessment Referring for Specialized Tutoring Services

NOTE: if referring ONLY for tutoring without an assessment, the following information MUST be included with the referral:

1. Copy of current grades
2. Current homework/assignment information (if referring for specific subject tutoring)

NOTE: All referrals must have the Policy form signed by the caregiver and submitted to the contract department with the referral. To access the Policy form, go to:

[https://ohiodas.sharepoint.com/sites/JFS_Lucas/PCSA----Community Resources \(on left side\) ---- Intake Packets ---- Sylvan Policy Form](https://ohiodas.sharepoint.com/sites/JFS_Lucas/PCSA----Community Resources (on left side) ---- Intake Packets ---- Sylvan Policy Form).

INTERPRETATION/SIGN LANGUAGE SERVICES

FACE TO FACE interpretation and written translation services (letters, etc.) are arranged by Caseworkers on a non-contract basis with a local provider as needed. Local providers who have previously served LCCS clients are listed below.

Caseworkers: Please call provider to arrange service---no referral required (Contact Keyshyra Reid 3292 with questions). For immediate assistance, LCCS has a LANGUAGE LINE available for over-the-phone interpretation 24 hours a day, 7 days a week. Call 1-866-874-3972 - A QUICK REFERENCE GUIDE is available at the security desk. **The 6-digit client ID is: 512176**

See list of Access code(s) : Assessments/ Intake/ Emergency Services-511, DFS – 551, Case Review – 440, Foster Care – 450, Placements–410, Legal – 420, Community Dev– 531, Adoptions– 431, Independent Living– 472, Daycare - 532

Interpreters of NorthWest Ohio
P.O. Box 432
Lambertville, MI 48144
734-693-3729
iofnwohio@gmail.com

Resolute Interpreting
admin@resoluteinterpreting.com
3550 Executive Pkwy Suite 7-255
Toledo, Ohio 43606
419-244-8377

Professional Interpreters for the Deaf, LLC
ProfessionalTerp@bex.net
P.O. Box 571,
Sylvania, Ohio 43560
419-517-3660

Supervisors: Signature confirms agreement with referral for client.

Authorization:

LCCS Supervisor

Date

Authorization:

Coordinator of Client Services

Date