SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
ANISHNAABEK COMMUNITY AND FAMILY SERVICES
2218 SHUNK ROAD
SAULT STE MARIE, MI 49783
906-632-5250

FAMILY SUPPORT REFERRAL FORM

SERVICE(S) REQUESTED:

- ☐ PREVENTION
- ☐ FAMILY CONTINUITY
- ☐ IN HOME CARE
- ☐ PARENTING EDUCATION
- ☐ ADOLESCENT IN HOME ASSISTANCE (AIHA)
- ☐ AIHA – PARENTING EDUCATION
- ☐ FOSTER/ADOPTIVE PARENT EDUCATION
- ☐ CHILDREN IN THE MIDDLE

***FOR FAMILY CONTINUITY AND ADOLESCENT IN HOME ASSISANCE YOU MUST ATTACH THE CPS REPORT THAT PROMPTED THE REFERRAL**

List all household members beginning with Head of Household.

LAST NAME:	FIRST NAME:	DOB:	TRIBAL?	RELATIONSHIP:
			☐ YES ☐ NO	HEAD OF HOUSEHOLD
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	

STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	COUNTY:

CLIENT TELEPHONE NUMBER:	DATE OF REFERRAL:

REFERRING WORKER / AGENCY:	CONTACT TELEPHONE NUMBER:

PLEASE CHECK ALL THAT APPLY:

- ☐ NEGLECT – TYPE: _____
- ☐ PHYSICAL ABUSE
- ☐ SEXUAL ABUSE
- ☐ FAILURE TO PROTECT – EXPLAIN: _____
- ☐ RISK OF OUT-OF-HOME PLACEMENT
- ☐ INEFFECTIVE / INCONSISTENT OR NON-EXISTENT PARENTAL CONTROL
- ☐ EXCESSIVE / INAPPROPRIATE DISCIPLINE
- ☐ SUBSTANCE ABUSE ☐ DOMESTIC VIOLENCE EXPOSURE
- ☐ SUBSTANDARD HOUSING
- ☐ SEVERE FINANCIAL DIFFICULTIES ☐ UN OR UNDER EMPLOYMENT
- ☐ BEHAVIOR / ACADEMIC DIFFICULTIES
- ☐ DISABILITIES – EXPLAIN: _____
- ☐ DELINQUENCY / STATUS OFFENSE
- ☐ NEGATIVE PEER RELATIONSHIPS
- ☐ CURRENT COURT INVOLVEMENT – EXPLAIN: _____
- ☐ OTHER: _____

REASON FOR REFERRAL:

LIST FAMILY STRENGTHS:

ANY SAFETY CONCERNS:

KNOWN FAMILY SERVICES HISTORY OR CURRENT REFERRALS:		
SERVICE TYPE:	**PROVIDER, IF KNOWN:**	**DATES, IF KNOWN:**
MENTAL HEALTH		
SUBSTANCE ABUSE		
DOMESTIC VIOLENCE		
PARENTING EDUCATION		
EMPLOYMENT ASSISTANCE		
CHILD CARE ASSISTANCE		
FAMILIES FIRST		
FINANCIAL ASSISTANCE		
DISABILITY		
OTHER		

DO NOT WRITE BELOW:

REFERRAL IS:	**REASON FOR DENIAL, IF APPLICABLE:**
☐ ACCEPTED ☐ DENIED	

MANAGEMENT SIGNATURE :	**DATE:**