



Prevention  Reunification  Neighborhood  Kinship  Family Finders  OTHER \_\_\_\_\_

Hernando  Citrus  Marion  Lake  Sumter

# Devereux Kids Family Team Conference

Referral Form  
507B North Market Street  
Bushnell, FL 33513  
Phone (352) 793-0801 Fax (352) 793-0804

Intake/Case#: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Date of Diversion Staffing (Prevention Only): \_\_\_\_\_

Please detail how you think the Family Team Conference process will benefit this family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other referrals have you made for this family: \_\_\_\_\_

Please identify any special accommodations that will be needed for this conference: \_\_\_\_\_

\_\_\_\_\_

**NOTE: All referrals must include:**

- a copy of the Intake Report or a list of all family members Name, DOB and SS#
- a copy of the Initial In-Home Safety/Risk assessment (Prevention Only)

\_\_\_\_\_  
Referral Source Signature

\_\_\_\_\_  
Referral Source Supervisor Signature

\_\_\_\_\_  
Referral Source Email

\_\_\_\_\_  
Referral Source Supervisor Email