

**SMART TEAM REFERRAL
Community Based Connections****BROWARD YOUTH & FAMILY SERVICES
FORM**REFERRING AGENCY : BSO PHONE: 954-797-5299 DATE OF REFERRAL: _____

CASE NAME: _____	DOB: _____	FSFN#: _____
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO THE CHILD: _____	PHONE #: _____
RACE/ETHNICITY: _____	PRIMARY LANGUAGE: _____	
ADDRESS: _____	CITY: _____	ZIP: _____
CHILDS NAME: _____	DOB: _____	TOTAL # OF CHILDREN : _____
CPI <input type="checkbox"/> / DCM <input type="checkbox"/> : _____	EMAIL/PHONE: _____	
CPI/DCM SUPERVISOR: _____	EMAIL/PHONE: _____	
FEP <input type="checkbox"/> / THERAPIST <input type="checkbox"/> : _____	EMAIL/PHONE: _____	

PARENT/CAREGIVER DIAGNOSIS (IF APPLICABLE): _____ Client Report Medical Records Referrals for families in **33311 or 33313** Contact Edgar Smith at [954-641-8411](tel:954-641-8411)
esmith@communitybasedconnections.comReferrals for families in the remaining areas of Broward County contact
Angela Green at [954-667-7208](tel:954-667-7208) agreen@hendersonbh.org

<input type="checkbox"/> Safety Management Action Response Team (SMART) – Referral <u>MUST</u> be from Child Protective Investigator (CPI) <i>INCLUDE A COPY OF INTAKE REPORT & SAFETY PLAN WITH REFERRAL & INDICATE DANGER THREAT:</i> <input type="checkbox"/> PRESENT DANGER - 2 Hours Urgent Response <input type="checkbox"/> IMPENDING DANGER - 24 Hours Response DESCRIBE ALLEGATIONS AND PRESENT OR IMPENDING DANGER: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<input type="checkbox"/> Please List the Maltreatment (s) present in this case: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>