



# Youth and Family Services Referral

800-865-9921

Fax: 979-260-7567

[tcmyfs@twincitymission.org](mailto:tcmyfs@twincitymission.org)

Date: \_\_\_\_\_ County: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

S.S#: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there currently an open CPS Case?  YES  NO

Has the child ever been on formal probation?  YES  NO

Referral Source: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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[kluckp@twincitymission.org](mailto:kluckp@twincitymission.org) Paula Kluck (Milam and Falls Counties)

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[moreye@twincitymission.org](mailto:moreye@twincitymission.org) Emily Morey (Washington County)

[rowellb@twincitymission.org](mailto:rowellb@twincitymission.org) Billy Rowell (Robertson County)

[theisk@twincitymission.org](mailto:theisk@twincitymission.org) Kelly Theis (Leon and Limestone Counties)

[johnsonq@twincitymission.org](mailto:johnsonq@twincitymission.org) Qui Johnson (Grimes County)

"To be completed by STAR staff only"

## Disposition of Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Support Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_