Youth and Family Services Referral

Phone: 1-800-865-9921 **Fax: 979-260-7567**
tcmyfs@twincitymission.org

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

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 the Parent/Caregiver Spanish speaking only*?* _____**YES** _____ **NO**

Is there currently an open CPS Case? _____ **YES** _____ **NO**

Has the child ever been on formal / adjudicated probation? _____ **YES** _____ **NO**

Referral Source: _____ Name: _____

Phone:_____ Email address: _____

tcmyfs@twincitymission.org	**(Brazos County)**
kluckp@twincitymission.org	**Paula Kluck (Milam and Falls Counties)**
thrasherh@twincitymission.org	**Haley Thrasher (Burleson County)**
nelsonr@twincitymnission.org	**Rain Nelson (Madison County)**
moreye@twincitymission.org	**Emily Morey (Washington County)**
rowellb@twincitymission.org	**Billy Rowell (Brazos and Robertson Counties)**
theisk@twincitymission.org	**Kelly Theis (Leon and Limestone Counties)**
jamaln@twincitymission.org	**Nikki Jamal (Grimes County)**

"To be completed by FAYS staff only"

Disposition of Referral:

_____

_____

_____

_____

Family Support Specialist Signature: _____ **Date:** _____