FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE
Behavior Consultation Service Request

Thank you for taking the time to reach out to the YMCA Behavior Consultation Services. We know that reaching out can be challenging for lots of people for various reasons, and we are so glad you have decided to connect with us. We hope you will take the time to complete the following form to support us in ensuring we connect you with the best service to meet your needs. After you have completed the form, please email to ***behaviorconsultationsd@ymcasd.org****. If you have additional questions or concerns, please feel free to call at* ***619-521-3055 and press 6 for Behavioral Health.***

DATE:_____

Completed by:
Referring Agency/Program Information:

Contact:
Name:
Phone Number:
Address:
Relationship to Child:
Email:

Family Information:

Name of Adult:
Street Address:
Language of Choice: Email:
Child's Name:
How did you hear about us:
Relationship to Child:
City / Zip Code:
Phone:
Alternate Phone:
Child's DOB:
Child's Ethnicity:

A primary goal of our program is to ensure we connect you with the best-fit first referral. We start by gathering information from you to guide us in collaborating in determining where you would like to get started. The following questions help us better understand your needs and ensure you are connected with appropriate services and supports.

Please indicate reason(s) for referral: ***(Check all that apply)***

☐Aggression/Anger	☐Speech/Language	☐Family Concerns	☐Dramatic Behavior Change
☐Emotion Regulation	☐Not Following Expectations	☐Social Skills/Interactions	☐Grief/Loss
☐Nervous/Anxious	☐Difficulty with Attention	☐Fears/Worries	☐Withdrawn
☐Self-Image/Confidence	☐High Activity/Energy	☐Development/Learning Concern	☐Other (please describe specifics)

Please check your response:

1.	Is your primary concern with your child's behavior at school, or home, or both?	☐School	☐Home
2.	Is your child currently enrolled in childcare, preschool, or afterschool program?	☐Yes	☐No
3.	Are there any classroom or teacher changes anticipated in the next 4 months?	☐Yes	☐No
4.	Have you been asked to pick up your child early in the last 2 – 3 weeks, due to behavior?	☐Yes	☐No
5.	Is your child or your family receiving any counseling services or supports?	☐Yes	☐No
6.	Has your child been assessed and/or diagnosed with a developmental delay or special need?	☐Yes	☐No
7.	Does your child have or have they ever had an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), or 504 Plan?	☐Yes	☐No
8.	Are you a part of the YMCA Family Support Services, the department that manages the local Alternative Payment program? (family or provider)	☐Yes	☐No

Please check your response:
In the last 6 months, how often have you struggled to pay for costs such as rent, utilities, childcare, food, transportation, healthcare, etc.?

☐ **Always**	☐ **Almost Always**	☐ **Sometimes**	☐ **Almost Never**	☐ **Never**

Based on the table below of annual incomes, identify the household type that most closely resembles your family. Family size includes each individual living in the residence.

☐ **Family Size of 2 $71,243**	☐ **Family Size of 3 $92,212**	☐ **Family Size of 4 $125,629**	☐ **Family Size of 5 $152,180**	☐ **Family Size of 6+ $182,448**

Using the income amount associated with your household (see above), please indicate whether you are below, at, or above the number listed for your annual income. Annual income includes all sources of income you receive.

By submitting this form, I authorize YMCA Childcare Resource Service to contact me regarding the child listed above for the purposes of delivering services. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral. This form does not necessarily guarantee services, but is intended as a request for receiving information on applicable programs.

☐ Below	☐ At	☐ Above

Please check your response:

Are you interested in being connected to any of the following resources?

☐Therapy Services

☐Earned Income Tax Credit ☐Food Stamps ☐TANF ☐Disability ☐Headstart ☐MediCaid/MediCal ☐Unemployment

☐Other

If Other, please explain:

Is there any additional information that you would like to share?

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