



**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: _____ Relationship to Child: _____
 Name: _____ Email: _____
 Phone Number: _____
 Address: _____

Family Information:

Name of Adult: _____ Relationship to Child: _____
 Street Address: _____ City / Zip Code: _____
 Language of Choice: Email: _____ Phone: _____
 Child's Name: _____ Alternate Phone: _____
 How did you hear about us: _____ 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- Nervous/Anxious Difficulty with Attention Fears/Worries Withdrawn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?	<input type="checkbox"/> School <input type="checkbox"/> Home
2. Is your child currently enrolled in childcare, preschool, or afterschool program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any classroom or teacher changes anticipated in the next 4 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been asked to pick up your child early in the last 2 - 3 weeks, due to behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is your child or your family receiving any counseling services or supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has your child been assessed and/or diagnosed with a developmental delay or special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your child have or have they ever had an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a part of the YMCA Family Support Services, the department that manages the local Alternative Payment program? (family or provider)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

- | | | | |
|---|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Therapy Services | | | |
| <input type="checkbox"/> Earned Income Tax Credit | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Disability | <input type="checkbox"/> MediCaid/MediCal |
| <input type="checkbox"/> Other | <input type="checkbox"/> TANF | <input type="checkbox"/> Headstart | <input type="checkbox"/> Unemployment |

If Other, please explain:

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

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.