



FCFC and Creative Options Options Case Manager

creativeoptions@guernseycountydd.org

P. 740-439-4451 ext.6847 F. 888-614-4042

60770 Southgate Road, Byesville, OH 43723

Professional Supports	Role	Phone (Ext)	Email Address
Name of Contact			
Children Services			
Juvenile Court			
Mental Health Provider			
Substance Abuse Treatment Provider			
Developmental Disabilities			
School			
Primary Care Provider			
Other Outside Support			
Natural Supports			

Additional Information

Yes No Is the Youth/Child currently enrolled in school? School Name_____ Grade_____

Yes No Does the Youth/Child have an IEP

Yes No Does the Youth/Child have a Developmental Disability or Development Delay.

Date of Diagnosis_____ Diagnosis provided by whom:_____

Diagnosis_____

Yes No Does the Youth/Child have a Mental Health Diagnosis.

Date of Diagnosis_____ Diagnosis provided by whom:_____

Diagnosis_____

Yes No Is an assessment scheduled? When/Where_____

Yes No Does the Youth/Child have pending charges in Juvenile Court?

Court Date_____ Charges_____ Probation Period_____

Yes No Are there current safety concerns? If so, please describe

Yes No Have there been other interventions/providers involved? If yes, explain



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Please give a detailed description for the referral:
(How can Creative Options help the family?)

Strengths

List positive attributes of the youth and family. Identify times when they were able to avoid situations that brought them to the system.

Characteristics: _____

Functional: _____

**Send all Creative Options referrals/questions to
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Fax: 888-614-4042**

_ Yes _ No Family was explained Creative Options services and wants to participate.

Guardian/Parent Signature: _____ Date: _____

PLEASE INCLUDE RELEASE FORM WITH THIS REFERRAL FORM

Revised 3/2024