Request for Family Peer Support Services

BASIC INFORMATION		
Request Date:	County/Jurisdiction:	Name of Person Making Request:

REFERRING ORGANIZATION INFORMATION *IF SELF-REFERRING, PLEASE SKIP TO NEXT SECTION*		
Required: Is caregiver aware of this referral? ☐ Yes ■ No	Referring Organization:	
	Referring Org. Phone:	Referring Org. Email:

FAMILY INFORMATION		
Caregiver Name:		Position as Caregiver:
Home Address (Street, City, State, Zip Code):		
Family/Caregiver Phone(s):	Family/Caregiver Email:	Languages Spoken in Home:

Target Person's name or Other Family Member names	Date of Birth	School/Placement Status

Does Caregiver have legal custody? ☐ Yes ☐ No ☐ N/A If no, who has legal custody:

Caregiver Race:

☐ African American or Black ☐ Multi-racial ☐ White
☐ Asian ☐ Native American ☐ Unknown
☐ Middle-Eastern ☐ Native Hawaiian/other Pacific Islander ☐ Decline to self-identify
☐ Other, specify:

Ethnicity:

☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown ☐ Decline to self-identify

TYPE OF FAMILY PEER SUPPORT REQUESTED
(CHECK ALL THAT APPLY)

☐ Mental Health ☐ Substance Use ☐ Problem Gambling

Please specify:
- ☐ Early Childhood (birth to 5 years old)
- ☐ School-Aged Child(ren)
- ☐ Adult (18+ years old)

Please specify:
- ☐ less than 18 years old
- ☐ 18 – 26 years old
- ☐ Adult (27+ years old)

PLEASE COMPLETE ONLY THE BOX RELEVANT TO YOUR AGENCY
IF SELF-REFERRING, PLEASE SKIP TO NEXT SECTION

Department of Social Services Use Only **CJAMS ID #:**

☐ Foster Care ☐ Family Preservation ☐ Informal/Relative
☐ Alternative Response ☐ Investigative Response ☐ Other - Please specify:

Department of Juvenile Services Use Only **ASSIST ID #:**

DJS Status at Time of Referral to MCF:

☐ Absent at Intake Conference ☐ Pre-Court Supervision ☐ ATD ☐ Probation ☐ Re-entry
☐ Detained *(provide facility name)*:
☐ Committed (*provide facility name*):

Targeted Case Management Use Only			
Youth Name:		Medicaid ID #	
DOB:		Private Insurance: ☐ Yes ☐ No	
☐ Level I ☐ Level II ☐ Level III ☐ Approval Pending ☐ 1915i Waiver	Waiver:	☐ Yes ☐ No	
	Waiver Auth. Date:		
	Bundle Auth. Start Date:		
	Bundle End Date:		

ADDITIONAL INFORMATION
Please include any additional information you feel would be useful to help us best serve this family:
Please identify the family's strengths:
Please identify the family's needs:

Family Consent for Request for Family Peer Support

I understand my family is requesting family peer support services from Maryland Coalition of Families (MCF). I understand my participation is voluntary and that MCF is not a service of Department of Human Services/Department of Social Services/Department of Juvenile Services or any other organization/agency.

My decision to decline or accept family peer support services will not have any effect on the services I receive or do not receive from Department of Human Services/Department of Social Services/Department of Juvenile Services or any other organization/agency.

I understand that the information shared with/by the Maryland Coalition of Families shall remain confidential and may not be re-disclosed to a third party, except in those circumstances required by law, mandated by a funding entity, or for program evaluation or quality assurance purposes. This permission shall take effect from the date of this authorization until (date): _____. If no date is indicated, this permission expires automatically one year from this date. I understand that I may revoke this permission at any time.

_____ _____

Caregiver Signature Date

Permission to Release Information

There may be times when my Family Peer Support Specialist from Maryland Coalition of Families is asked to collaborate with the case manager regarding my family for the purposes of coordinating services.

☐Yes, I give my permission to release my information to:

Name	Organization/Agency

☐ No, I do not give permission to release my information to Department of Human Services/Department of Social Services/Department of Juvenile Services.

_____ _____

Caregiver Signature Date

Please send request to: help@mdcoalition.org or Fax: 410-730-8331, or call 443-741-8679 for information.

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