



# St. Mary's

HOME FOR CHILDREN

Healing Lives, Restoring Hope – Since 1877

## **Families Impacted by Sexual Abuse (FISA) Group**

Formerly Non-Offending Parent Education and Support (NOP)

### **2016-2017 Referral Form**

Referral for:  Fall 2016 Group  Spring 2017 Group

*Please be sure to notify the parent/caretaker that you have made this referral and someone from our agency will be contacting them to schedule a Group Screening.*

<b><u>Legal Name:</u></b>	<b><u>Preferred Name:</u></b>
<b><u>DOB:</u></b>	<b><u>Gender:</u></b>
<b><u>SS#:</u></b>	<b><u>Ethnicity:</u></b>
<b><u>Primary Language:</u></b>	<b><u>Religion:</u></b>
<b><u>Telephone #:</u></b>	<b><u>2<sup>nd</sup> Telephone #:</u></b>
<b><u>Address with zip:</u></b>	<b><u>Identified Special Needs, if any:</u></b>

Insurances Accepted:  NHP  UBH  Blue Cross

Insurance #: \_\_\_\_\_

**If client does not have the above insurance, a 005 is needed for the Group Screening:**

\* 005 Group Screening: H0031 HO/AJ \$100.00; 1 Unit

**And a separate 005 for Group Sessions:**

\* 005 Group: H0004HQ HO/AJ \$5.00/15min; 72 Units (1.5 hours x 12 weeks)

\* If client is screened out of group, a 005 for Individual FISA sessions will be requested.

**Reason for Referral:**

**Previous participation in NOP? (If yes, please explain):**

**Does client have a history of trauma? (Domestic violence, physical abuse, sexual abuse, etc.):**

**Service providers currently working with family:**

**Past/Present SMHFC involvement:**

<b><u>DCYF Social Caseworker:</u></b>	<b><u>Telephone:</u></b> <b><u>Fax Number:</u></b>
<b><u>DCYF Supervisor:</u></b>	<b><u>Telephone:</u></b> <b><u>Fax Number:</u></b>
<b><u>Reason and date case initially opened:</u></b>	<b><u>Case Plan Goal:</u></b>
<b>Is client Court Ordered?      YES      NO</b>	<b>Is client aware that the referral was made and they will be contacted by our agency?      YES      NO</b> <b>If No, please explain:</b>

## **2016-2017 Group Schedule and Referral Deadlines**

*Please note, the length of group is estimated at 10-12 weeks and will be customized to meet the group members' needs. The FISA Clinical Support Group will only be offered twice/year.*

**Fall 2016 Group:** October 5- December 21, 2016

Referral Deadline: September 16, 2016

**Spring 2017 Group:** March 6 – May 29, 2017

Referral Deadline: February 17, 2017