



ECS Specialized Services Referral Form

MDT/CJ Program

Date of Referral: _____ *Must reside in Tarrant County & Age Birth to 6 years 11 months. **
Email Referral to: Kaitlyn.Moll@mhmrtc.org, Laurie.Rasberry@mhmrtc.org & Margaret.Glovier@mhmrtc.org

Child Information First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Chronological Age: _____

Gender: _____

Primary Language: _____ Translator Needed: _____

Tip: You can add a field of your own choosing in **SELECT** drop downs. * For example, "Type of Caregiver". Birth Parent or Foster Parent or you may type your own response.

Caregiver Information CPS Status: _____ Who is child living with? _____

Type of Caregiver: _____ More Information: _____

Name: _____ Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Caregiver: _____ More Information: _____

Name: _____ Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Caregiver: _____ More Information: _____

Name: _____ Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Does Foster Parent Information Need to be Kept Confidential to Birth Parents? _____

Entities that work with Child/Guardian Is Child enrolled in Safe Babies? _____

Agency of Caseworker: _____ Name: _____ Email: _____

Phone Number: _____

Agency of Caseworker: _____ Name: _____ Email: _____

Phone Number: _____

Child Placing Agency: _____ Name of Contact: _____ Email: _____

Phone Number: _____

History of Child Experienced any of the following? Physically Abused/Neglected Sexually Abused

Witnessed/Involved in Inter-Partner Violence Kidnapped/Taken in High Custody Situations

Birth History: _____

Medical Diagnosis: _____ Medication (Current/History): _____

Social Emotional Concerns? (such as atypical behavior, attachment, etc.) _____

Additional/Concerns or Needs? _____

Previous Services? _____

Referral Made By Agency of Caseworker: _____ Name: _____

Email: _____ Phone Number: _____

Family will be contacted within 7 business days when referral is received.