



Family and Children First Council

"To promote and facilitate collaboration among community agencies serving children and their families."

Knox County FCFC

117 East High Street, 4th Floor

Mount Vernon, OH 43050

Knox_FCFC@jfs.ohio.gov

Knox County FCFC Referral Form

Referral Information:

Referral Person Name: _____ Date of Referral: _____

Referral Agency Name: _____ Agency Phone Number: _____

Agency Address: _____

Youth Information:

Last Name: _____ First Name: _____ DOB: _____

Gender: M ☐ F ☐ Race/Ethnicity: _____ Social Security: _____ Phone Number: _____

Current Address: _____

Legal Custodian Name(s): _____ Relationship to Youth: _____

Parent Name (if different) _____ Relationship to Youth: _____

Parent Name (if different) _____ Relationship to Youth: _____

People Currently Living with Referred Youth (For more please use back of form)

NAME	AGE	GENDER	RELATIONSHIP TO YOUTH

Agencies currently involved with the Youth

AGENCY	CONTACT NAME	EMAIL/PHONE

School District of Attendance: _____

Briefly describe the presenting area of need:

Email Completed Form to Knox_FCFC@jfs.ohio.gov