Family Crisis Intervention Unit (FCIU) & WRAP Around Programs

**IS YOUR TEEN IN CRISIS?**

**What We Do**

FCIU’s goal is to divert youth from Family Court involvement through engagement of local community resources. Our FCIU team provides free crisis intervention and information & referral services for teens (ages 10-17) and their families who are experiencing any of the following:

* Parent/Child Conflict
* Truancy
* Educational/Behavioral Problems
* Runaway Behaviors
* Safety Issues

**What to Expect During COVID19**

After a referral is made to our program, one of our team members will schedule an appointment to have a call or video conference with the family in need. During the intake, an assessment will be completed to determine what programs are appropriate for the youth. We can provide case management services for 4-6 months.

During the open FCIU case, youth are evaluated for a WRAP Around program referral, which would provide 16 weeks of in-home/in-community individual therapy for the youth via telehealth platforms.

**How to Make a Referral During COVID19: ANYONE can make a referral!**

Family members, School Staff, Police, Social Service Agencies, etc. can complete the attached referral form OR do any of the following:

- Call FCIU @ 732-542-2444 (leave a message)/ After Hours: (732) 996-7645

- Call FCIU Staff, 9-5pm, M-F at 732-759-1332 or 1-732-759-1060

- Email: [mha@mentalhealthmonmouth.org](mailto:mha@mentalhealthmonmouth.org), Attention: FCIU

**Family Crisis Intervention Unit (FCIU) Referral Form**

**\*MHAMC is OPEN and Available to help during COVID19 pandemic\***

Call (732) 542-2444 and leave a message//After Hours (732) 996-7645

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Email: [mha@mentalhealthmonmouth.org](mailto:mha@mentalhealthmonmouth.org), Attention: FCIU

**Youth’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age (10-17):\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s)/Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_**

**Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Phone #’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Contact Person & Phone #/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle/indicate if any of the following apply (FCIU Referral Criteria):**

1. **A serious threat to the well-being and safety of the youth**
2. **A serious conflict between the parent and youth**
3. **An unauthorized absence by the youth from the home**
4. **A pattern of unauthorized absences from school**
5. **(Other) Information & Referral Needs: Connections to Community Resources/Counseling**

**Presenting Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Involved Agencies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Past/Current Charges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**