

**ELIGIBILITY FOR PROGRAM PARTICIPATION**

**FAMILY TREE PROGRAM**

Instructions: Use this form **prior to registration** to identify eligible program participants. You must complete all sections of this form.

Primary Contractor: CCD Counseling	Contract #: 24555273
Service Provider (if not CCD Counseling):	
Primary Caregiver First Name:	Primary Caregiver Last Name:
Target Child First Name:	Target Child Last Name:
* Child's Age:	

Yes No **Has the target youth ever been adjudicated?**

**What is the family hoping to achieve through counseling?**

**Is this a long-term presenting problem?**

Yes No Maybe

**Has the youth been formally diagnosed? If so, what is the diagnosis?**

Yes No \_\_\_\_\_

**Has the youth seen a therapist before? If so, when?**

Yes No \_\_\_\_\_

**What is the current stage of readiness for change for the following?  
(Precontemplation, Contemplation, Planning, Action, Maintenance)**

Primary Caregiver \_\_\_\_\_

Target Youth \_\_\_\_\_

Secondary Caregiver \_\_\_\_\_

Other Family Members \_\_\_\_\_

**If services are provided, what key components will be utilized (Check all that apply)**

- Strengthening coping skills
- Restoring family stability
- Building resiliency in youth
- Enhancing parental protective factors

**Eligibility Determination**

In order to be eligible for the STAR Program, children and youth between the ages of 0 to 17 can be enrolled. If the youth is age 18 years or older and currently enrolled in high school, they are also eligible for services.

This family is eligible for the STAR Program

This family is not eligible for the STAR Program. They will be referred to other services.

Intake Staff Name:

1<sup>st</sup> Session Date:

**PROGRAMA DEL ARBOL FAMILIAR**  
**PLAN DE ACCION**

NOMBRE DEL NIÑO: \_\_\_\_\_ EDAD: \_\_\_\_\_ FECHA DE 1ST SESION: \_\_\_\_\_  
 CUIDADOR PRINCIPAL: \_\_\_\_\_ RELACION CON LA JUVENTUD: \_\_\_\_\_  
 LUGAR DE SESION:            OFICINA            CASA            ESCUELA            OTRO \_\_\_\_\_  
 PREOCUPACIONES IDENTIFICADAS: \_\_\_\_\_

SERVICIOS PROPORCIONADOS SESIÓN INICIAL CONSEJERÍA FAMILIAR CONSEJERÍA INDIVIDUAL CLASE DE JÓVENES-POSITIVA ACCION CLASE DE PADRES- STEP	FORTALEZAS FAMILIARES Y RECURSOS _____ _____ _____ _____ _____
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SALUD DE LA ESCALA DE RELACIONES:

No Saludable      1      2      3      4      5      6      7      8      9      10 Saludable

OBJETIVOS IDENTIFICADOS POR LA FAMILIA (EX. JUVENTUD QUIERE ...)	TAREAS MEDIBLES (¿QUIÉN VA A HACER QUÉ?)	FECHA META	ETAPA ACTUAL DE PREPARACIÓN (Pr, C, Pl, A, M)
1.			
2.			
3.			
4.			

Mi firma abajo indica que: 1. Yo he participado en el desarrollo de este plan, 2. Yo acepto hacer mi parte para lograr estas metas, 3. Yo entiendo que puedo retirar de este plan en cualquier momento, y 4. He recibido una copia de este plan.

Firma del niño: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del personal: \_\_\_\_\_ Fecha: \_\_\_\_\_

ESTE DOCUMENTO NO FUE FIRMADO POR: \_\_\_\_\_ CITA PROXIMA: \_\_\_\_\_

**FAMILY TREE PROGRAM**  
**SESSION   1**

YOUTH: \_\_\_\_\_ DATE OF SESSION: \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_ REFERRALS PROVIDED:

SERVICE BILLED:     1.5 HOUR: INTAKE (00)  
                          1 HOUR: INDIVIDUAL (01)  
                          1 HOUR: FAMILY (03)

WHO WAS PRESENT DURING SESSION: \_\_\_\_\_

WHO WAS NOT PRESENT DURING SESSION: \_\_\_\_\_

**SUMMARY:**

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**THERAPIST SIGNATURE**

## **FAMILY TREE CHECKLIST**

CCD ID#: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Re-Open (Former Family Tree/STAR Client) with Original Intake/Closure Dates: \_\_\_\_\_

<b>Family Tree Registration Packet (13 pages total – Place in chart top to bottom)</b>	<b>COMPLETED</b>
Family Tree Checklist	
Completed Case Note #1	
Action Plan — <i>Give Client Copy of Action Plan</i>	
Program Schedule/Parameters Form	
Authorization for Release of Confidential Information	
<i>As Needed</i> Social Security Refusal Form	
Registration Form (5 pages)	
Eligibility For Program Participation (1 page)	

<b>SURVEYS COMPLETED</b>	<b>DATE</b>
Protective Factors Pre Survey (complete at Intake)	
Protective Factors Post Survey #1 (complete at session 5/discharge if earlier than session 5)	
Program Experience Survey #1 (complete at session 5/discharge if earlier than session 5)	
Protective Factors Post Survey #2 (complete at discharge/session 10)	
Program Experience Survey #2 (complete at discharge/session 10)	

Sessions: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____ #9 _____ #10 _____
Youth Skills: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____
Parent Skills: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

Discharge Summary Date _____
Follow Up Report Date _____

THERAPIST \_\_\_\_\_

CASE MANAGER \_\_\_\_\_

AUDITOR \_\_\_\_\_

✓ = MEETS REQUIREMENTS

0 = DOES NOT MEET REQUIREMENTS

N/A = NOT APPLICABLE

Sessions 40 Minutes Or More		All Blanks Filled In		All Surveys Completed	
Family Services Provided Or Explanation Why Not		Family Attended Classes Or Explanation Why Not		Seen By Therapist Weekly Or Documented Why Not	
Progress Notes For All Services And Correct Service Was Billed		Action Plan & Case Notes Include Family Identified Goals And Tasks		Closure/Discharge Completed (All Blanks Completed)	
Case Notes Signed By All Or Explanation Why Not					

**AUDITORS COMMENTS ONLY:** \_\_\_\_\_