YOUTH M.O.V.E. SOUTH CAROLINA REFERRAL FORM

All information requested is kept in the strictest confidence and is for agency use only.

Please note: a separate form is required for each youth

Youth M.O.V.E. South Carolina is a youth-guided program for youth ages 12-25 who are receiving, or have received, services from agencies like mental health, juvenile justice, substance abuse, social services, special education, etc. We connect youth to peers with similar challenges and provide leadership opportunities.

Referral Date:			
Youth Information			
Last:	First:	MI:PI	none:
Street:	C	ity:St	ate:Zip:
County:	School:		Grade:
DOB (MM/DD/YEAR):	R	ace:Ao	ge:Gender:
Email:			
Parent/Guardian Information	<u>tion</u>		
Last:	First:	First: Relationship to youth:	
Street:	C	ity:St	ate:Zip:
Home phone:	Cell phone:	Work pho	one:
Email:			
Consent for Release of C	ontact Information-Signa	tures Required	
Parent/Legal Guardian:			
Referral Source Informati			
		Phone Number:	
	County:		
	•		
Known Youth and Family Systems Involvement Please check which systems are involved in delivering services to the youth			
■ Mental Health	☐ Continuum of Care	□ DSS	☐ Education
☐ Homeless Services	☐ Juvenile Justice	☐ Probation/Family Court	Substance Use
☐ Housing	☐ Other:		

To complete the referral:

Please submit this form by:

Mail: Federation of Families of SC
810 Dutch Square Blvd., Ste 486
Columbia, SC 29210

Email: info@fedfamsc.org (Encrypted)

Fax: 803-772-5212

For additional forms, please click here



Federation of Families of SC Youth MOVE SC 810 Dutch Square Blvd., Ste 486 Columbia, SC 29210 www.fedfamsc.org



For any questions, please call us Toll-free 1-866-779-0402