

LAKE COUNTY FRC

Referral Form

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Date: _____

Referral Source: _____ Relationship to Client: _____

Participants Name: _____

Participants Address: _____

Phone: _____ DOB: _____ Gender: _____

Is this individual a resident of the county? Yes _____ No _____

Nature of the Case:

Is there a CHINS Adjudication? Yes _____ No _____

Adjudication date: _____

Program use ONLY

Date of FRC assessment: _____ Eligible for FRC? Yes _____ No _____