

## **Referral for Dual Diagnosis Respite Funding**

Families who feel that their child/youth qualifies for this funding, can complete and submit this form at any time. This form and supporting diagnostic information will be utilized to determine if criteria for funding is met. If child/youth meets the criteria for funding, family will receive an application to be completed for the next available funding period.

For more information about funding criteria, please visit <a href="www.rfecydurham.com">www.rfecydurham.com</a>.

| Child's Name:   | Date of Birth:          | Gender: |
|---|-------------------------|---------|
| Home Address (including Postal Code):   | Parent1/Guardian1 Name: |         |
|   |                         |         |
|   | Parent2/Guardian2 Name: |         |
| Telephone Number:   | Email Address:          |         |
| Child's Diagnoses:  |                         |         |
| Confirmation: ☐ Submitted to RFECY and on file or ☐ Attached  |                         |         |
| Custody: □ Two Parents/Guardians □ One Parent/Guardian (Name)   |                         |         |
| ☐ Other (Name(s):   |                         |         |
| Community Case Manager: (if applicable)   |                         |         |
| Agency:   |                         |         |
| Contact Name:   | Telephone #:            |         |
| I/We hereby certify that the information contained in this referral is accurate to the best of my/our knowledge and I/we hereby consent to review by R.F.E.C.Y. for consideration of funding. |                         |         |
| Parent/Guardian1 Signature  | Date                    |         |
| Parent/Guardian2 Signature  | Date                    |         |
| Youth Signature(if applicable)  | Date                    |         |
| For Office Use Only:  |                         |         |
| riteria Met: Added to Mailing List:   |                         |         |
|   |                         |         |