



# Family Empowerment Initiative (FEI) Referral Form

Referral Date: \_\_\_\_\_

Name of person referring: \_\_\_\_\_

Name of agency, if applicable: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the parent/caregiver provided consent to refer: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**\*\*\* Consent to refer or release information must be documented. For children and youth under 16, consent must be obtained from the legal guardian. For youth aged 16 and older, consent must be obtained from the youth. The referral process will not move forward until the required consent is received and documented. Consent to refer does not equal consent to participate; it only permits making the referral.\*\*\***

## Contact Information

Parent/Caregiver contact name: \_\_\_\_\_ County currently residing: \_\_\_\_\_

Parent/Caregiver contact phone number:

Parent/Caregiver alternate phone number:

Permission to text:

Yes

No

## To make a Referral:

1. Identify the region where the family resides from the agency list below.
2. Hover over the corresponding agency name.
3. Click the hyperlink that appears.
4. Follow the on-screen prompts to complete the direct referral.

### Northeast TN



### East TN



### Middle TN, Southeast TN, West TN



### Davidson County



If you are interested in learning more about the System of Care Across TN or the Family Empowerment Initiative, please visit the [System of Care Across TN](#) website.