



**YMCA CHILDCARE RESOURCE SERVICE**  
Behavior Consultation Service Request

Thank you for taking the time to reach out to the YMCA Behavior Consultation Services. We know that reaching out can be challenging for lots of people for various reasons, and we are so glad you have decided to connect with us. We hope you will take the time to complete the following form to support us in ensuring we connect you with the best service to meet your needs. After you have completed the form, please email to [crsbehaviorsupport@ymcasd.org](mailto:crsbehaviorsupport@ymcasd.org). If you have additional questions or concerns, please feel free to call at **619-521-3055**

**Referring Agency/Program Information:**

Contact Name: Relationship to Child:  
Phone Number: Email:

**Family Information:**

Name of Adult: Relationship to Child:  
Street Address: City / Zip Code:  
Language of Choice: Phone:  
Email: Alternate Phone:  
Child's Name: Child's DOB:  
How did you hear about us:

A primary goal of our program is to ensure we connect you with the best-fit first referral. We start by gathering information from you to guide us in collaborating in determining where you would like to get started. The following questions help us better understand your needs and ensure you are connected with appropriate services and supports.

**Please indicate reason(s) for referral: (Check all that apply)**

- Aggression/Anger
- Emotion Regulation
- Nervous/Anxious
- Self-Image/Confidence
- Speech/Language
- Not Following Expectations
- Difficulty with Attention
- High Activity/Energy
- Family Concerns
- Social Skills/Interactions
- Fears/Worries
- Development/Learning Concern
- Dramatic Behavior Change
- Grief/Loss
- Withdrawn
- Other (please describe specifics)

**Please check your response:**

1. Is your primary concern with your child's behavior at school, or home, or both?	<input type="checkbox"/> School <input type="checkbox"/> Home
2. Is your child currently enrolled in childcare, preschool, or afterschool program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been asked to pick up your child early in the last 2 - 3 weeks, due to behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your child or your family receiving any counseling services or supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your child been assessed and/or diagnosed with a developmental delay or special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child have or have they ever had an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a part of the YMCA Family Support Services, the department that manages the local Alternative Payment program? (family or provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any additional information that you would like to share?

**Please check your responses:**

In the last 6 months, how often have you struggled to pay for costs such as rent, utilities, childcare, food, transportation, healthcare, etc.?

<input type="checkbox"/> Always	<input type="checkbox"/> Almost Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Almost Never	<input type="checkbox"/> Never
---------------------------------	--	------------------------------------	---------------------------------------	--------------------------------

Based on the table below, identify the household type that most closely resembles your family. Family size includes each individual living in the residence.

<input type="checkbox"/> Family Size of 2 \$5,937	<input type="checkbox"/> Family Size of 3 \$7,451	<input type="checkbox"/> Family Size of 4 \$9,605	<input type="checkbox"/> Family Size of 5 \$11,289	<input type="checkbox"/> Family Size of 6+ \$12,939
---	---	---	--	---

Using the income amount associated with your household (see above), please indicate whether you are below, at, or above the number listed for your monthly income. Monthly income includes all sources of income you receive.

<input type="checkbox"/> Below	<input type="checkbox"/> At	<input type="checkbox"/> Above
--------------------------------	-----------------------------	--------------------------------

By submitting this form, I authorize YMCA Childcare Resource Service to contact me regarding the child listed above for the purposes of delivering services. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral. This form does not necessarily guarantee services, but is intended as a request for receiving information on applicable programs.