



Youth and Family Services Referral

800-865-9921

Fax: 979-260-7567

tcmyfs@twincitymission.org

Date: _____ County: _____

Client Name: _____ D.O.B: _____ Age: _____

S.S#: _____ School: _____ Race: _____ Grade: _____

Parent/Guardian Name: _____ Race: _____ D.O.B: _____

Physical Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Email: _____

Reason for Referral: _____

Is there currently an open CPS Case? _____ YES _____ NO

Has the child ever been on formal / adjudicated probation? _____ YES _____ NO

Referral Source: _____ Name: _____

Phone: _____ Email address: _____

tcmyfs@twincitymission.org (Brazos County)

kluckp@twincitymission.org Paula Kluck (Milam and Falls Counties)

pickneyt@twincitymission.org Tanisha Pickney (Burlinson County)

steinfeldh@twincitymission.org Heidi Steinfeld (Madison County)

moreye@twincitymission.org Emily Morey (Washington County)

rowellb@twincitymission.org Billy Rowell (Robertson County)

theisk@twincitymission.org Kelly Theis (Leon and Limestone Counties)

johnsonq@twincitymission.org Qui Johnson (Grimes County)

"To be completed by STAR staff only"

Disposition of Referral:

Family Support Specialist Signature: _____ Date: _____