



Community Resource Coordination Groups (CRCG)
of Texas



COLLIN COUNTY
COMMUNITY RESOURCE COORDINATION GROUP
mgann@lifepathsystems.org
(CRCG)

Meetings are on the 2nd Tuesday each month at and are being held on zoom.
Staffing Times by appointment

CASE STAFFING

Date of staffing _____

CHILD INFORMATION

Child's name _____ DOB _____ Age _____

Parent/Guardian name _____

Home address _____

E-Mail address _____

Home phone _____ Work phone _____

Child lives with _____

Presenting agency _____

Reason for referral to CRCG _____

Desired outcomes of the CRCG staffing _____

Is the child at risk for out-of-home placement? _____

*Note: Parent/Guardian must sign page 8 (consent) to staff the case
Please make at least 15 copies of this form and bring the copies , along with your signed consent to the
staffing.*

FAMILY AND SOCIAL HISTORY

Others living in the home:

Name_____ Age____ Relationship_____

Name_____ Age____ Relationship_____

Name_____ Age____ Relationship_____

Name_____ Age____ Relationship_____

Name_____ Age____ Relationship_____

Other adults who have been a positive influence in the child's life:

Name_____ Age____ Relationship_____

Name_____ Age____ Relationship_____

Child's strengths_____

Family strengths_____

Other significant social history and intervention attempted_____

EDUCATION

IQ: Total score _____ Verbal score _____

Performance _____ Type _____

School _____

School Services Received _____

Special Education _____

ECONOMIC

Estimated household income _____

Services currently being received:

- ___ AFDC
- ___ Food stamps
- ___ Home/community-based
- ___ In-home family support
- ___ Medicaid
- ___ SSI
- ___ Subsidized housing
- ___ WIC
- ___ Private insurance
- ___ Provider: _____
- ___ Child support

Amount: _____
____ Other (specify) _____

PHYSICAL HEALTH AND HISTORY

Current medical diagnosis _____

Current physician _____

Current medication _____

Prior medication _____

Other treatment _____

Other significant medical history _____

Relevant birth history _____

MENTAL HEALTH

Psychological evaluation:

By whom _____ Date _____
_____ Date _____
_____ Date _____

Diagnoses _____

Psychiatric evaluation:

By whom _____ Date _____
_____ Date _____
_____ Date _____

Diagnoses _____

Current treatment _____

Previous treatment _____

Suicide attempt: ____ Yes ____ No If yes, specify _____

LEGAL HISTORY

Juvenile Probation:

Currently on probation: Yes No

Charges:

Date _____ Charge _____ Disposition _____

Date _____ Charge _____ Disposition _____

Date _____ Charge _____ Disposition _____

Probation officer _____

Gang Involvement: Yes No

Child Protective Services:

Has CPS ever been involved with the family: Yes No

Current case open: Yes No

Date(s) of involvement _____

Reason for involvement _____

Current caseworker _____

Has child ever been removed from the home? Yes No

SUBSTANCE ABUSE HISTORY

Which drugs have been or are being abused?	Frequency of use:
<input type="checkbox"/> Alcohol	_____
<input type="checkbox"/> Marijuana	_____
<input type="checkbox"/> Inhalants	_____
<input type="checkbox"/> Cocaine	_____
<input type="checkbox"/> Amphetamines/speed/crank	_____
<input type="checkbox"/> Heroin/chiva	_____
<input type="checkbox"/> LSD (acid)	_____
<input type="checkbox"/> Pills (Specify: _____)	_____

Drug treatment _____

Comments/Other
Concerns _____

COLLIN COUNTY COMMUNITY RESOURCE
COORDINATION GROUP
AUTHORIZATION FOR RELEASE OF INFORMATION

I, WE HEREBY AUTHORIZE THE PARTICIPATING AGENCIES OF THE COLLIN COUNTY COMMUNITY RESOURCE GROUP TO RELEASE INFORMATION CONCERNING MY CHILD, _____, D.O.B. _____, IN ORDER TO DISCUSS AND ASSIST MY FAMILY IN LOCATING BENEFICIAL RESOURCES.

I/WE UNDERSTAND THAT ALL INFORMATION PRESENTED IS CONFIDENTIAL. I FURTHER UNDERSTAND THAT NOTHING SHARED IN THE CRCG MEETING WILL BE SHARED OUTSIDE OF THE CRCG STAFFING EXCEPT AS NECESSARY TO CARRY OUT THE SERVICE PLAN.

I FURTHER CONSENT THAT COPIES OF THE CRCG INTAKE MAY BE SHARED ELECTRONICALLY (E-MAIL) FOR THE PURPOSE OF COLLABORATION BETWEEN MEMBERS OF THE CRCG.

THIS RELEASE IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNATURE. I/WE UNDERSTAND THAT I/WE MAY REVOKE THIS PERMISSION BY WRITING THE CHAIR OF THE COLLIN COUNTY CRCG AT collincrcg@swbell.net ANY TIME PRIOR TO THE DATE THIS RELEASE EXPIRES.

NAME OF PARENT (S), GUARDIAN (S), OR MANAGING CONSERVATOR
(PLEASE CIRCLE)

SIGNATURE

SIGNATURE

DATE

DATE

DATE RELEASE EXPIRES: _____

THE AGENCIES PARTICIPATING IN THE COLLIN COUNTY CRCG ARE AS FOLLOWS:

LifePath Systems (Both IDD and MH Services), Texas Department of State Health Services, Health and Human Services Commission, Texas Department of Family and Protective Services, Region 10, Juvenile Probation, Universal Behavioral Health (UBH), Cedar Crest RTC, Maximus, Child and Family Guidance Center, Dallas Behavioral Hospital, Perimeter Behavioral Health, Plano Police Department, Texas Workforce Solutions-Vocational Rehab Services, CK Family Services (Post-Adoption), Connections Wellness Group, Partners Resource Network

School Districts in Collin county: Allen, Anna, Bland, Blue Ridge, Celeste, Celina, Community, Farmersville, Frisco, Lovejoy, McKinney, Melissa, Plano, Princeton, Prosper, Royse City, Trenton, Van Alstyne, and Wylie

Police Departments in Collin County; Allen, Anna, Bland, Celeste, Celina, Farmersville, Frisco, Josephine, Lavon, Leonard, Lovejoy, McKinney, Melissa, Nevada, Plano, Princeton, Prosper, Royse City, Trenton, Van Alstyne, Wylie and Collin County Sheriff's Department