



**FACE Referral Information Checklist**

**ELIGIBILITY** (Candidates must meet all three eligibility points below in order to qualify for services)

- Between the ages of 0 – 19
- Resident of Boone County
- Demonstrate social, emotional, or behavioral health concern

**COMPLETE YOUR REFERRAL:**

- PLEASE DO NOT FAX OR EMAIL THIS INFORMATION TO FACE. Register your referral over the phone or in person by:
  - **Calling the FACE office at 573-771-3223**
  - **Coming into one of our two locations (see addresses below)**

If all of the above criteria are met, briefly describe concerns below:

**PRIMARY RECIPIENT** (Youth Age 0 - 19)

First Name:

Last Name:

Birthdate:

Gender:

School:

Grade Level:

Home address with City/State/Zip:

**PRIMARY CAREGIVER** (Adult with custody or guardianship of Youth Age 0 - 19)

First name:

Last name:

Birthdate:

Phone(s):

Relationship to child:

Gender:

Home address with City/State/Zip:



www.faceofboonecounty.org

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