



## Licking County Children and Families First Council Early Childhood Clinical Committee Consultation

Early Childhood Clinical Committee (ECCC) consultation is available to providers serving Licking County families with children between 0-8 years of age. Consultation is appropriate for children whose needs are beyond standard agency services or who may not be linked with sufficient services; children at risk of/returning home from placement; or children experiencing homelessness. Local public and private organizations that serve young children and their families make up the membership of the ECCC. Consultation goals include creating family centered plans that utilize best practices (strength based, needs driven, trauma informed, culturally competent); supporting family participation and collaboration between providers, family and their natural supports; enhancing family and child resiliency; and supporting the community's ability to assist children and families. Please contact Cindy Webb, Clinical System Services Coordinator, at 740-670-8916 or [cynthia.webb@jfs.ohio.gov](mailto:cynthia.webb@jfs.ohio.gov) if you have questions. To initiate consultation, email or fax (740-670-8992) completed Consultation and CFFC Release of Information forms to Cindy. Cindy will contact you to schedule the consultation. Families need not be present at the consultation meeting.

---

### Licking County Early Childhood Consultation Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Consultation Request Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Others in home (include relationship to child) \_\_\_\_\_

Is Children Services Involved? Yes\_\_ No\_\_ If yes, which county has custody of the child?

Person requesting Consultation: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Fax #: \_\_\_\_\_

1. Family's natural supports:

2. Agencies involved with family:

3. Why are you seeking ECCC Consultation? (What is the need?):

4. Family Goal (What would you fix if you had a magic wand?):

5. What is keeping you from obtaining this goal/What 3 things that stand in the way of achieving this goal?

6. What has helped or worked in the past?

7. What has not helped or worked in the past?

8. Family Strengths:

9. Child's Strengths:

Please list name of household member with needs in any of the following areas:

DD _____	Autism _____
Educational _____	Mental Health _____
Substance Abuse _____	Legal _____
Physical Health _____	Child Abuse _____
Child Neglect _____	Domestic Violence _____
Trauma _____	Poverty _____
Other: _____	

ECCC Recommendations (goals/steps to achieve goals/timeline/responsibility)

Parent/guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_