

YOUTH AND FAMILY SOLUTIONS

Referral Form

Date of Referral: _____ Referral Source: _____

YOUTH INFORMATION

Youth's Full Name: _____

Date of Birth: _____ Birth Place: _____

Gender: _____ Nickname: _____

Race: _____ HT: _____ WT: _____

Religion: _____ Hair Color: _____ Eye Color: _____

of Siblings: _____

Youth's Current Placement: _____

Previous Hospitalizations (hospital & dates): _____

Youth's Primary Reasons for Needing Placement: _____

Psychiatric Diagnosis: _____

Date of Last Diagnostic Assessment: _____

Current Medications: _____

Medical Diagnosis: _____

Allergies: _____

Food Restrictions: _____

Physical Disabilities: _____

Family Doctor: _____

Clinic: _____ Phone: _____

Current Grade: _____ Last Known IQ: _____ IEP: Yes _____ NO _____

School District Name & Number: _____

Contact: _____ Phone: _____

Referring Agency Information

Referral Agent: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Cell: _____ Fax: _____

Email: _____

Family Information

Father: _____ Level of Involvement: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

DOB: _____

Mother: _____ Level of Involvement: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

DOB: _____

Funding Information

Funding Agency:_____

Insurance:_____ PMAP:_____ MA:_____ MA number:_____

Name of Insurance Company:_____ Phone:_____

Group#:_____ ID:_____

Name & DOB of Insured:_____

Relationship to Youth:_____

Thank you for completing this admissions form.
Please return this form along with the following documentation.
Someone from the admissions department will be in contact with you
regarding further steps.

- Diagnostic assessment
- Psychological evaluation- most recent if more than one
- Psychiatric evaluation- most recent if more than one
- Developmental/social history
- Discharge summaries from previous placements - (please only 3 most recent)
- Progress reports (current placements)
- County placement agreement (if applicable)
- CASII
- Individual Educational Plan (IEP)
- Most recent school evaluations