

## REFERRAL FORM

***[PLEASE NOTE: Text that extends beyond the visible box spaces of this document will not print out. It will be readable online, only.]***

### YOUTH'S DEMOGRAPHICS

NAME:	RACE:	DATE OF REFERRAL:
DATE OF BIRTH:	HEIGHT:	RELIGION:
AGE:	WEIGHT:	

PLACING AGENCY-REFERRAL SOURCE: Social Services  Probation  Family

NAME:
AGENCY ADDRESS:
PHONE:
FAX:
EMAIL:

OTHER COUNTY CONTACTS: Guardian Ad Litem, Social Worker, Probation Officer

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

### FUNDING INFORMATION

BILLING CONTACT PERSON:			
BILLING AGENCY:			
BILLING ADDRESS:			
PHONE:			
FAX:			
MEDICAID ELIG:	PMI:	PMAP:	ID:
INSURANCE:	ID:	GRP:	

REASON(S) FOR PLACEMENT

Describe the specific incident(s) or behavior(s) that recently occurred to precipitate the need for this referral and previous behaviors of concern:

PREVIOUS PLACEMENT, PSYCHIATRIC AND OTHER SERVICES

Provider/Agency	Type of Service	Dates of Placement/Service

**FAMILY INFORMATION**

Who comprises the youth's "family"? (biological family, foster care family, adoptive family, extended family)

HAS THE YOUTH BEEN ADOPTED? YES  NO   
 If YES, at what age?

**YOUTH'S LEGAL GUARDIAN**

NAME:
ADDRESS:
PHONE:
EMAIL:

**NAMES OF PARENTS, GUARDIANS, AND FAMILY MEMBERS**

NAME	RELATIONSHIP TO YOUTH

**PRIMARY FAMILY'S LEGAL ADDRESS**

ADDRESS:		
PHONE:	FAX:	EMAIL:

Will the family be a resource and involved in treatment? YES NO

When was the last time the youth lived with his family?

Has the youth experienced a lot of family disruptions? YES NO

If YES, please explain (multiple placements, moves, family rights terminated, etc.):

EDUCATIONAL HISTORY

Current grade:

Last known IQ:

Does the youth have a current IEP? YES NO

Special Education Classification:  Learning Disability  
 Emotional/Behavioral Disability  
 Other

SCHOOL DISTRICT/NAME OF LAST SCHOOL ATTENDED:		
CONTACT PERSON-NAME AND TITLE:		
ADDRESS:		
PHONE:	FAX:	EMAIL:

Overview of Youth's Behavior at School:

MEDICAL HISTORY

Are there any current medical issues? YES  NO

If YES, please explain/list:

Any allergies? YES  NO

If YES, please explain/list:

Any physical disabilities? YES  NO

If YES, please explain/list:

Are there any medical or physical restrictions? YES  NO

If YES, please explain/list:

Are there any medical or physical reasons that the youth should not be restrained or held in case of emergency? YES  NO

If YES, please explain/list:

CURRENT DSM DIAGNOSIS

Code	Diagnosis

Date of last Diagnostic Assessment\* completed:

Date of last CASII\* (level of care) completed:

Date of last Strength and Difficulties Questionnaire (SDQ)\* completed:

\*Please submit copies of the DA, CASII, and SDQ with this form.

CURRENT MEDICATIONS:

Medication	Dosage

History of medications:

Is there anything we should know about medications that have been attempted, tried, recommended?

YOUTH'S LEGAL HISTORY

Is the youth required to register? YES  NO

If YES, has the youth registered? YES  NO

Does the youth own any restitution? YES  NO

If YES, how much does he owe? \$

Current Charges (PLEASE INCLUDE CHARGES PENDING)

Previous Charges

History of violent behaviors (specific to a person and/or property offenses during the last six months).

History of self-harm during the last six months (suicidal ideation, suicidal behaviors, nonsuicidal intentional behaviors, others please specify).

Please list any cultural or religious considerations: Also other needs such as food or culture-specific spirituality practices.

### YOUTH'S STRENGTHS

List the strengths that the youth has (educational/academics, personal/cultural interests, achievements, etc.):

Name of person completing the form:

Signature:

Date: