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| **Referral Source** |
| Referral Date:  |
| Placement Agency: | Worker:  |
| Phone Number:  |  |
| Phone Number:  |  |
| Email:  |
| Placing Authority (please attach documentation of authority):  |

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| **Demographic Information** |
| Referral Name | Nickname(s) |
| Age: | DOB: | Gender: |
| Last Known Address: |
| City: | State:  | Zip:  |
| Permanent Address (if different): |
| City: | State:  | Zip:  |
| Home Phone: | Cell Phone:  |  |
| Race:  | Ethnicity: | Tribal Affiliation:  |
| Language Spoken: | Language Written: |
| Spiritual/Religious Affiliation  |

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| **Mental Health** |
| Diagnosis (if available) | Date of Most Recent Evaluation:  |
| Psychiatrist:  | Psychologist/Therapist: |
| Other Providers: |
| Current Medications: |

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| **Chemical Health** |
| History of substance abuse (y/n):  |

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| **Placement History** |
| Previous placement(s) | Reason for termination |
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| **Justice System Involvement** |
| Current Charges: |
| Offense History: |

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| **Goals of Placement (please send out of home placement plan)** |
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| **Youth’s Strengths** | **Areas of Need** |
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| **Parent/Guardian/Advocate #1 Information** |
| Name: | Nickname(s) |
| Age: | DOB: | Gender: |
| Address: |
| City: | State:  | Zip:  |
| Home Phone: | Cell Phone:  |  |
| Race:  | Ethnicity: | Tribal Affiliation:  |
| Language Spoken: | Language Written: |
| Spiritual/Religious Affiliation  |

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| **Parent/Guardian/Advocate #2 Information** |
| Name: | Nickname(s) |
| Age: | DOB: | Gender: |
| Address: |
| City: | State:  | Zip:  |
| Home Phone: | Cell Phone:  |  |
| Race:  | Ethnicity: | Tribal Affiliation:  |
| Language Spoken: | Language Written: |
| Spiritual/Religious Affiliation  |

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| Other Comments:  |