



CLIENT REFERRAL FORM FOR MINORS

(GREEN)

DATE: _____

REFERRING PROFESSIONAL: _____

PHONE #: _____

MH JCSU CPS LYS DSS CSA
 LCPS Sp. ED. LCPS SELF OTHER: _____

Full Day Time
 Career Scope Assessment
 Court Involved
 Long-term suspended
 Expelled
 Special Education
 Other: _____

General Discharge
 18 years old
 H.S. Diploma
 GED
 JDC/Corrections
 ADC
 Other: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

WORK HOURS: _____

FAMILY MEMBERS	AGE	DOB	SEX	SPECIAL NEEDS: SPECIAL EDUCATION (ED, LD, OR MR), EXPELLED, OR LONG-TERM SUSPENDED (WHY?). LAST GRADE COMPLETED.
CLIENT:		/ /		
PARENT:		/ /		
		/ /		
SIBLINGS:		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

- Is there a history of court involvement? Probation Officer's name? _____ Y / N (Circle one)
- Is the program participation court ordered? Y / N (Circle one)
- It there a history of **VIOLENCE** in this family? Y / N (Circle one)
 If Yes, have CPS, APS, or Courts been involved? _____ Y / N (Circle one)
- Is there a history of **SUBSTANCE ABUSE** in this family? Y / N (Circle one)
 Parent(s)? _____
 Student/Children? _____
- Is there a history of **RUNAWAY/PUSH-OUT/STAY AWAY** situations in this family? Y / N (Circle one)
- Is the Child involved in **CRIMINAL, ILLEGAL, OR QUESTIONABLE ACTIVITY**? Y / N (Circle one)
 If yes, what type: _____
- Is there a history of **TRUANCY**? How many days absent? Time Span: _____ Y / N (Circle one)

8. Is there a history of **SEXUAL ABUSE OR SEXUALLY ACTING OUT BEHAVIOR**? **Y / N (Circle one)**
 IF YES, WAS IT REPORTED AND TO WHOM? _____
 Parent(s)? _____
 Student/Children? _____
9. Is there a history of **PHYSICAL ABUSE, ASSAULTIVE/THREATENING BEHAVIOR, OR A&B CHARGES**? **Y / N (Circle one)**
 Parent(s)? _____
 Student/Children? _____
10. Is there a history of **MENTAL HEALTH ISSUES, SUICIDAL IDEATION/ATTEMPTS, DEPRESSION OR USE OF PSYCHOTROPIC MEDICATION**? **Y / N (Circle one)**
 Parent(s)? _____
 Student/Children? _____
11. Is there a history of **NEGLECT, ABANDONMENT, GRIEVANCE OR LOSS, HOMELESSNESS**? **Y / N (Circle one)**
 Parent(s)? _____
 Student/Children? _____
12. How long has the worker been involved with this student? _____
13. What other Agencies/Programs are involved with this student? _____

14. Describe briefly student's behavioral history and interventions attempted? _____

15. Presenting problems/reasons for referral: _____

16. What are the long-term goals of this student? _____

17. What assessments are available for this student? _____
18. If this student is not accepted for this program at this time, what is the level of risk to the student and would the student be a risk of a residential placement? _____

19. When is the family/student available to meet with staff for assessments? _____
20. Does the referral know any other student at the program? **Y / N (Circle one)**
 If yes, whom? _____

ADDITIONAL WORKER COMMENTS/CONCERNS/PROGRESS NOTES/FOLLOW-UP/REFERRED TO/REASON FOR TERMINATION:
