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| **DATE OF REFERRAL** | **REFERRAL SOURCE** | | **REFERRAL CONTACT #** | |
|  |  | |  | |
| **MEDICAL ASSISTANCE # / PRIMARY INSURANCE PROVIDER** | | | | |
|  | | | | |
| **CYF/JPO ASSIGNED STAFF** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |
|  | | | | |
| **CYF/JPO ASSIGNED SUPERVISOR** | | **PREFERRED COMMUNICATION** | | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL | |  |

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| **YOUTH INFORMATION** | | |
| **FIRST NAME:** | **DOB:** | **AGE:** |
| **LAST NAME:** | **RACE/ETHNICITY:** | **PHONE:** |
| **ST ADDRESS:** | **CITY, STATE, ZIP:** | |
| **RESIDES WITH:** | **RELATIONSHIP:** | |
| **SCHOOL:** | **GRADE:** | |
| **PRIMARY LANGUAGE:** |  | |

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| **CAREGIVER INFORMATION** | |
| **FIRST NAME:** | **LAST NAME:** |
| **ST ADDRESS:** | **CITY, STATE, ZIP:** |
| **PHONE:** | **EMAIL:** |
| **PRIMARY LANGUAGE:** |  |

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| **CHILDREN IN THE HOME** |
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| **SCHOOL INFORMATION** | |
| **SCHOOL:** | **GRADE:** |

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| **MENTAL HEALTH DIAGNOSIS** |
| **DIAGNOSES:** |
| **MEDICATIONS:** |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
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| **REFERRAL CRITERIA** | |
| **YES  NO** | The youth is between 3 and 18 years old. |
| **YES  NO** | The youth has experienced at least one identifiable traumatic event that the child remembers. |
| **YES  NO** | The youth exhibits symptoms as a result of the traumatic event(s). |
| **YES  NO** | The youth is willing to discuss the traumatic event(s). |
| **YES  NO** | The youth is in a stable placement throughout the course of treatment. Basic needs are met in the home and there are not any severe, ongoing conflicts in the home. The youth has a supportive caregiver willing to participate in treatment. |
| **YES  NO** | The youth does not present with any of the following:   * Active suicidal plan, or intent * Uncontrolled bipolar disorder or manic symptoms * Uncontrolled psychosis, schizophrenia, or schizoaffective disorder * Uncontrolled obsessive-compulsive disorder |

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| **REASON FOR REFERRAL- *Trauma(s) identified and symptom(s) occurring*** |
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| **ADOLESCENT & FAMILY STRENGTHS** |
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\*Feel free to attached additional info, if necessary, such as evaluations, school reports, or narrative info

Any additional info:

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