



Referral

Section I

A. Referring Agency

Person _____
County _____ Agency _____
Contact Number _____ Contact E-mail _____
Reason for Referral: _____ Court Date _____
Type of Referral: RTF Non-RTF
If RTF:
Psychiatric completed? Yes No
Psychological completed? Yes No
MA approval received? Yes No

Section II

A. Youth Information

Last Name _____ Middle Initial _ First Name _____
Alias _____
DOB _____ SS# _____
Street Address _____ Apt.# _____
City _____ State _____ Zip Code _____
Facility Name if in detention, shelter or placement: _____

B. Demographic Information

Height _____ Weight _____ Race _____

Section III

Parent/Custodial Guardian

Legal Custody with natural parent Yes No
Legal Custody with agency Yes No
Name of guardian _____

Relationship to child _____



**Section IV
Academic Information**

Last School attended _____

Current grade level or last grade completed _____

- Type of Education: Elementary Regular
- Elementary Special Ed
- Secondary Regular
- Secondary Special Ed
- GED Needed
- Diploma Earned

- Current School Status: Attending
- Truant
- Home Schooled
- Expelled or Suspended
- (If checked please explain) _____

Other

IQ _____

**Section V
Identifying Problems
Please check all that apply**

- | | | | |
|------------------------------|--------------------------|----------------------------|--------------------------|
| Verbal aggression/disrespect | <input type="checkbox"/> | Irritability/Mood Swings | <input type="checkbox"/> |
| Physical Aggression | <input type="checkbox"/> | Psychological/Psychiatric | <input type="checkbox"/> |
| Stealing | <input type="checkbox"/> | Suicidal Ideation/Attempts | <input type="checkbox"/> |
| Absconding | <input type="checkbox"/> | Self-destructive behaviors | <input type="checkbox"/> |
| Stealing | <input type="checkbox"/> | Fire-setting | <input type="checkbox"/> |
| Lying | <input type="checkbox"/> | Animal Cruelty | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Enuresis/Encopresis | <input type="checkbox"/> |



**Section VI
Legal/Placement History**

Past charges _____

Current charges _____

Are any of the above felony charges? Yes No

If so, was DNA testing completed? Yes No

Placement History (psychiatric or otherwise):

**Section VII
Medical History**

Prescribed Medication Yes No

If yes, what type? _____

Congenital disease Yes No

Sickle Cell Yes No

Any known reoccurring illness: Yes No

If yes to any of the above please describe:

Frequency: _____

Intensity: _____

Severity: _____

Treatment needed: _____

**Section VIII
Miscellaneous Information**

Additional Comments:

Along with the referral, please forward a copy of youth's court dictation, social history, psychiatric/psychological evaluations, academic and medical records.