

Methodist Home for Children
Assessment Center
Initial Referral Form

Note: All sections of this form must be fully completed before the referral can be processed.

Basic Information

Date of Referral: _____

Client's Full Name:
Date of Birth:
Age:
Height:

Gender:
Ethnicity:
Religious Preference:
Weight:

Parent/Legal Guardian Name: _____

Address: _____

County: _____

Phone: (Home): _____
(Cell): _____
(Work): _____

Where/with whom is the youth living at the time of the initial referral? _____

Exclusionary Current Behaviors

Please check all that apply. Attach additional information if needed.

- Activity Suicidal Actively Homicidal Full I.Q. 70 or below
- Psychotic/ mood episodes not controlled by medication
- Substance/ Alcohol intoxication requiring immediate detoxification
- Disposed as Sexual Predator and current assessment identifies this youth as moderate or high risk for reoffending

Referring Court Counselor

Name:

District #:

Cell Phone:

On Call Phone:

Address:

County:

Email:

Supervisor Name:

Supervisor Phone Number:

Reason for Referral

What is/are your reason(s) for seeking an assessment? _____

What is/are the parent(s) hoping to learn? _____

What expectations does the client have? _____

What are the expectations of the Child and Family Team? _____

Additional Input/ Comments: _____

Client's Medical History

Are there any of the following identified needs that require special attention in caring for this client?

- Physical Medication Developmental
 Mental Health

If yes to any checked, please describe: _____

Allergies (list all that apply) _____

Name of client's physician: _____

Physician Phone Number: _____

Physician Address: _____

Date of Last Physical Exam: _____

Please list any current medications: (include name of medication, dosage, directions, used to treat)

Medication Name	Dosage	Directions	Used to Treat

Please list any current medical concerns/ conditions:

Client Court Involvement

Client's Legal Status: _____

Pending Charge (s): _____

Most Serious Charge: _____

Previous Delinquent/ Criminal Charges: Yes No Number _____

Current Risk Assessment Score: High Medium Low

Current Needs Assessment Score: High Medium Low

Age at first referral: _____

Number of times on probation: _____

Number of detention confinements: _____

Total number of probation or conditional release violation:

Educational Information

Assigned School Grade: _____

Educational Setting: Regular Class Special Education Other: _____

Has this client ever been retained? If yes, specify: _____

Rate the client's school performance for the current year in relation to previous year:

better than equal to poorer than

Name of current/ last school attended: _____

School Address: _____

Phone: _____

Academic Strengths: _____

Academic Needs: _____

School Behavior Strengths: _____

School Behavior Needs: _____

History of Placements

Please list all previous out of home placements, including but not limited to foster placements, hospitalizations, residential programs, etc. Please provide program name, address and contact number, dates of placement, and outcome.

Type of Placement	Program Name	Address	Contact Number	Dates of Placement	Outcome

Family History/ Information

Biological Parents Information

Father's Name: _____
(First) (Middle) (Last)

Address: _____

Is Father still living: Yes No

Date of Birth: _____

Phone Number: _____

Marital Status: _____

Mother's Name: _____
(First) (Middle) (Last)

Address: _____

Is Mother still living: Yes No

Date of Birth: _____

Phone Number: _____

Marital Status: _____

Client's Siblings

Please list the client's siblings: include all half sibling(s), step sibling(s), adoptive sibling(s)

Name	Date of Birth	Relationship to Client	Presently Living With

Placement at the Assessment Center must have been discussed with the client and client's family/guardian prior to submission of the Initial Referral Form.

This program and the referral have been explained by:

Name: _____

Title: _____

Date: _____

For Office Use Only

Referral Received Date: _____

Contact with providers made: _____

Referral Accepted: _____ yes _____ no **Explain:** _____

Scheduled Admission Date: _____

Notes:

Initial Referral Form Check List

The forms listed below should be brought with the family and court counselor on the day of admission (*if applicable*).

- Educational Transcripts or other records:
(School Records: IEP, attendance reports, suspension reports, transcript from current or last semester, etc.)
- Treatment or Case Plan:
- Psychological Assessments (*if applicable*):
- DJJ Risk & Needs Assessments:
- Client Insurance Card:
- Any applicable court documentation:
- Copy of Birth Certificate:
- Copy of Social Security Card:

Completion of the Initial Referral Form provides the assessment center administrative team with specific information sufficient to render an admission's decision. Additional information, clarifications, and assistance regarding the client, parent(s)/ guardian(s), school, peers, home, community and, client's activities shall be requested over the course of the admitted client's assessment to aid development of each client's individualized service plan.

Once all documentation needed for a complete referral is received, someone from the assessment team will contact the court counselor and family to discuss the next steps; responses to received referrals generally occur within 48 business hours.

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Initial Referral Form – Additional Client Information

What is the primary language of the client's household? _____

Client Court Involvement:

Is youth currently in detention? _____

What is youth's disposition level? _____

Is this client on EHA or EM? _____

Number of Run Aways? _____

Educational Information:

Does this client have an Exceptional Designation? _____

School Attendance (e.g., attending regularly, attending sporadically, not attending)? _____

Number of Short-Term Suspensions? _____

Number of Long-Term Suspensions? _____

Number of Expulsions? _____

Problem Behaviors/Risk Indicator: Please check all that apply

INDIVIDUAL

- Bullied/Negative Labeling
- Bullying Behavior
- Crime/Delinquency (unreported & reported)
- Fighting/Assault/Aggressive Behavior
- Fire Setting
- Impulsive/Risk Taking
- Mental Health Issues/Depression/Anxiety/Temper Tantrums
- Poor Social Skills/Anti-social
- Run Away from Home
- Self-Mutilation
- Sexually Active
- Sexual Offense
- Sexual/Physical/Mental Abuse/Victimization/Trauma

FAMILY

- Excessive Dependence on Parents
- Family Conflict
- Lack of Discipline by Parent or Child is Ungovernable
- Siblings or Parent/Guardian on Probation or Incarcerated
- Substance Use in Home

SCHOOL

- Academic Failure/Behind Grade Level for Age
- Behavior Problems: Disruptive in Class/Referrals to Office/Suspensions
- Truancy/Skipping School

PEER

- Gang Associate or Member; or Gang Involvement
- Negative Peer Associations/Association with Aggressive Peers
- Typically Associates with Negative Older Persons

COMMUNITY

- ┌ Availability or Perceived Access to Drugs
- ┌ Disadvantaged/Disorganized/Impoverished Neighborhood
- ┌ Feeling Unsafe in Home Neighborhood
- ┌ High Crime Rate in Home Neighborhood