**Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Processing Referral: |  | Date of Referral: |  |

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| --- | --- | --- | --- | --- | --- |
| Youth’s Full Name: |  | Age: |  | DOB: |  |

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| --- | --- | --- | --- | --- | --- |
| Sex: | Male | Female | Transgender Male to Female | Transgender Female to Male | Does not identify with Male,  Female or Transgender |

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| --- | --- | --- | --- | --- | --- |
| Address: |  |  |  |  |  |
|  | **Street** | **City** | **State** | **Zip Code** | **County** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referral Source: |  | Agency: |  | Phone: |  |

**DJJ/DSS/CPS/ Involvement**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you had any contact with DJJ? | | | | Yes | No | County: | |  | | | | | |
| Describe Contact: |  | | | | | | | | | | | | |
| Name of Court Counselor: | |  | | | | | | | Phone: | |  | | |
| Is the child/family participated in the GAPS (Guilford Adolescent Prevention Services) Program? | | | | | | | | | | | | Yes | No |
| Name of GAPS Social Worker | | |  | | | | Phone | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you had any contact with: | | | | DSS | | CPS | Neither | County: |  | | |
| Is the youth in DSS Custody? | | | Yes | | No | | | | | | |
| Describe Contact: |  | | | | | | | | | | |
| Name of Social Worker: | |  | | | | | | | | Phone: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Youth’s Legal Guardian: |  | | | | Relationship: |  | | | Phone: | |  |
| Guardian’s Full Address:  (If different from youth) |  | | |  | | |  |  | |  | |
| **Street** | | | **City** | | | **State** | **Zip Code** | | **County** | |
| Youth’s Present Living Situation: | |  | | | | | | | | | |
| Crisis Situation/Reason for Referral:  • Please be as detailed as possible • | | |  | | | | | | | | |

**STAFF USE ONLY:**

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| **Youth Response:** | Is the youth available to provide a response? | Yes | No |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you being kicked out of your residence? (temporarily or permanently) | | | | | | | Yes | | No | | |
| Are you thinking of running away? | | Yes | No | **OR** | Are you currently on the run from your residence? | | | | | Yes | No |
| Are you agreeable to voluntary shelter services at Act Together? | | | | | | Yes | | No | | | |
| Youth Comments: |  | | | | | | | | | | |

**Areas of Concern-(Mark those that apply with an “X” and include description, frequency & duration):**

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|  | Court Involvement | | | | | | | | | | | | | | | Charges: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Felony | | | | | Misdemeanor | |
|  |  | | | | | | | | | | | | | | | Charges: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Felony | | | | | Misdemeanor | |
| Charges: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Felony | | | | | Misdemeanor | |
|  | Probation: | Terms of Probation: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Attending School | | | | | | | | | | Pursuing | | | | Pursuing GED | | | | | | | | | School Name: | | | | | | | | | | | | | | | | | | | | | | | | Grade: | | |
|  | Suspension | | | |  | | | Expulsion | | | | | | | | | | | |  | | | Other: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Suicidality: | | Describe: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | Homicidality: | | | | | | | Describe: | | | | | | | |
|  | Verbal Aggression: | | | | | | | | Describe: | | | | | | | |  | | | | | | | | | | | | | | | |  | Physical Aggression: | | | | | | | | | Describe: | | | |  | | | |
|  | Gang Involvement: | | | | | | | | Explain: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Substance Use: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Frequency: | | | | | | |  | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Frequency: | | | | | | |  | | | | | | | | | | | | |
|  | If Other, Please Specify: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Frequency: | | | | | | |  | | | | | | | | | | | | |
|  | Fire Setting: | | | Explain: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Runaway: | | | Explain: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sexual Acting Out: | | | | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Established Mental Health Diagnosis: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Other: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other: | | | |  | | | | | | | | | |
|  | Physical Medical Conditions: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Mental Health Hospitalization(s): | | | | | | | | | | Date(s): | | | | | | |  | | | | | | | | | | Hospital: | | | |  | | | | | | | | | | | Reason: | | |  | | | | |
| Date(s): | | | | | | |  | | | | | | | | | | Hospital: | | | |  | | | | | | | | | | | Reason: | | |  | | | | |
|  |  | | | | | | | | | | Date(s): | | | | | | |  | | | | | | | | | | Hospital: | | | |  | | | | | | | | | | | Reason: | | |  | | | | |
|  | Current Mental Health Services | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Medications: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the youth been admitted to AT previously? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | If yes, when? | | | | | | | | |  | | | | | | | | | | |
| Is There Another Placement Pending:  (ie: Foster Care, Group Home, TLP, etc.) | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | If yes, where: | | | | | |  | | | | | | | | | | | | | | |
| List at least two of the Youth’s strengths: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**STAFF USE ONLY:**

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| Did staff speak directly to the youth about services at Act Together? | | Yes | No |
| If no, why not? |  | | |

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| **DISPOSITION:** |  | **RHY** |  | **DJJ** |  | **DSS** |  | **Respite** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADMISSION** | | **INACTIVE** | | **DENIAL** | |
| Yes - Date: |  | Date: |  | Date: |  |

**Staff Notes:**

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