**Referral Form**

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:**

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

|  |  |  |
| --- | --- | --- |
| 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):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | 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:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DISPOSITION:** | [ ]  | **RHY** |[ ]  **DJJ** |[ ]  **DSS** |[ ]  **Respite** |

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

**Staff Notes:**

|  |
| --- |
|   |