



PRE-PLACEMENT REFERRAL FORM

CLIENT INFORMATION

Client Name:			
Street Address:			
City:	State:	Zip Code:	County:
Name(s) of Person(s) Youth Lives With:			
Youth's Social Security:		DOB:	
Age:	Race:	Height:	
Weight:	Hair Color:	Eye Color:	
Youth have driver's license: Y or N		Driver's license # and expiration:	
Legal Guardian/Custodian's Name:			
Legal Guardian/Custodian's Address:			
Legal Guardian/Custodian Phone:		Alternate Phone:	
Biological Mother's Name:		Biological Father's Name:	
Address of biological mother:			
Address of biological father:			
Biological mother phone:		Biological father phone:	
Adoptive/Foster Care Parents:			
Address:		Phone:	
Foster Care Agency Contact:		Phone:	
Emergency Contact:		Phone:	

REFERRAL RECORD

Who is Referring Youth:		
Agency:		Phone Number:
Street Address:		
City:	State:	Zip Code:

Reason for referral to this level of care:

SCHOOL INFORMATION

Does youth attend: Regular School ECOT Home School GED		
Other Educational Program:		
Current Grade:	School name:	
School Address:		
School counselor/principal's name:		
Phone Contact:		
IEP: Y or N	Special Education: Y or N	Learning Disability: Y or N
Please list any learning disabilities:		
Suspensions: Y or N	Explain:	
Expulsions: Y or N	Explain:	

LEGAL INFORMATION

Human Trafficking Task Force Involvement: Y or N	
Name & Phone of Task Force Staff Involved:	
On Probation: Y or N	Probation Officer Name:
Phone Number:	PO emergency contact #:
On Parole: Y or N	Parole Officer Name:
Phone Number:	PO emergency contact #:
Previous Misdemeanors:	
Previous Felonies:	
Number of Times in Detention Center:	

SEXUAL HISTORY INFORMATION

Has youth discussed involvement in prostitution: Y or N	
Has youth discussed in stripping or pornography: Y or N	
Has youth given name and description of trafficker: Y or N	
Explain:	
Ever involved in same sex relationship: Y or N	History of rape: Y or N

VIOLENT BEHAVIOR RECORD

Does youth have a history of violent behavior: Y or N	
If yes, when was last episode:	
Type of violent behavior:	
Violent towards family: Y or N Violent towards peers: Y or N Violent towards animals: Y or N Violent towards strangers: Y or N	
Is Youth an Assault Risk: Y or N	Is Youth Stable at this time: Y or N
History of Starting Fires: Y or N	If so, when and where:
Is violent behavior related to decompensated mental health condition: Y or N	

MENTAL HEALTH TREATMENT

Has youth attempted suicide: Y or N	Number of Past Attempts:
Date of most recent attempt:	Attempt method:
Did youth need medical intervention: Y or N	Was youth admitted: Y or N
Current suicide risk: LOW MEDIUM HIGH	
Does youth have current suicide plan:	
Has youth engaged in self-harm behaviors: Y or N	

Nature of harm: Cutting Burning Breaking Bones Other:
Explain the last self-harm incident:
Has youth been diagnosed with a mental health disorder:
List mental health diagnoses:
Diagnosed by:
Current mental health provider Name: Agency: Address: Phone Number: Last Appointment: Next Appointment:
Current mental health prescribed medications:

MEDICAL INFORMATION

Primary Care Physician: Address: Phone Number: Last Appointment: Next Appointment:
List any serious or chronic medical conditions:
List current medications:
Birth Control: Y or N Method of Birth Control:
Physical disabilities: Y or N List Disability:

Current suicide risk: LOW MEDIUM HIGH
Dietary Restrictions:
Eating Disorder: Y or N Anorexia: Y or N Bulimia: Y or N
Food Allergies:
Medication Allergies:
Heart Murmurs or Heart Conditions: Y or N
Immunization record attached: Y or N Immunizations up to date: Y or N
Past history of head injury or seizures: Y or N

PAST RESIDENTIAL, ALCOHOL OR DRUG TREATMENT

Substance Used:		Frequency of use:	
Route of Administration: By mouth Snorting Smoking IV			
Number of past inpatient/residential treatment episodes:			
Name of facility treated at most recently:			
Street Address:			
City:	State:	Zip Code:	
Phone Number:			
Dates of Treatment:			
Treatment Provider Name:		Phone Number:	
Successful Completion: Y or N			
If not, why?			

PAST ABUSE HISTORY

Sexual Abuse History: Y or N	Age & Sex of Perpetrator:
Age of onset of abuse:	Duration of Abuse:

Has youth been charged with any sexual crimes: Y or N	
Physical Abuse History: Y or N	Age & Sex of Perpetrator:
Explain the abuse:	
Has any of the above been reported: Y or N	If so to whom:
Contact Info:	Outcome of investigation:

MEDICAID/INSURANCE INFORMATION

Medicaid: Y or N	Medicaid billing number:
County that issued Medicaid:	Managed Medicaid company:
Private primary insurance:	
Address:	
Phone Numbers:	
Policy holder:	Relationship to youth:
Address of policy holder:	
Policy holder's SSN:	Policy holder's DOB:
Group #:	Plan #:
Policy holder's employer:	Employer phone:
Employer address:	

OTHER PERTINENT INFORMATION YOU WISH TO SHARE

Return to: info@gracehaven.me