

Ashler Manor Referral Information Form

Date: _____

Residential Shelter Care SIL Diagnostic

Anticipated Placement Date: _____

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|--|
| Child's Name: _____ DOB _____ Age: _____ Race/Ethnicity: _____ |
| County: _____ C&Y _____ Probation _____ |
| Referral Made By: _____ Phone: _____ |
| Reason for Placement: _____ _____ _____ |
| Where Is the Child Living Now? _____ |

| |
|---|
| Does the Child Have Any Health Problems? _____ _____ |
| Take Medication? _____ |
| Possibility of Pregnancy? ____ yes ____ no _____ |

| |
|--|
| Previous Psychiatric Hospitalizations? ____ yes ____ no (explain) _____ _____ |
| Axis Diagnosis: _____ |

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|--|
| History of domestic violence? ____ in home exposure ____ victim |
| History of Abuse? ____ sexual ____ physical ____ emotional (explain) _____ _____ |
| Drug & Alcohol History? ____ yes ____ no (explain) _____ _____ |

| |
|---|
| Pending Charges/Probation involvement? _____ _____ |
| History of Aggression/Violence? _____ _____ |
| History of Runaway Behavior? _____ _____ |

Do You Have Court Orders? ____ yes ____ no (explain) _____

Court ordered placement goal? _____
A Recent Copy of Family Service Plan? ____ yes ____ no
Is Parental Involvement Expected? _____

Current School Records? ____ yes ____ no
Current Grade _____ Home School District _____
Type of Classes: ____ Regular ____ Emotional Support ____ Alternative Ed.
____ Learning Support ____ Special Ed. ____ Other
IQ _____

Current MA Card? ____ yes ____ no
MA Number _____ Issue # _____
Social Security # _____
Private Insurance Info: _____

Who Took Referral? _____
Faxing Background Info? _____
Who Was Informed of Referral? _____
Who Will Interview or Follow-up? _____
When and Where? _____
Disposition: _____

Further Comments: