

Residential Referral Form

Families United Network, Inc.

R-8/10

III-2

Date: _____ Placement Type: RES SC DIAG
Anticipated Date of Placement: _____ LRP PREG

Child's Name: _____ DOB: _____ Age: _____

Referring Agency: _____ CYS JPO

Referred By: _____ Phone: _____

Reason for Referral/Past Placement History: _____

Gender: _____
Race/Ethnicity: _____
Primary Language: _____
English or _____

Legal Status:
<input type="checkbox"/> Alleged Dependent
<input type="checkbox"/> Adjudicated Dependent
<input type="checkbox"/> Alleged Delinquent
<input type="checkbox"/> Adjudicated Delinquent
<input type="checkbox"/> Voluntary Placement

Current Location/Recent Housing Status: _____

Health/Medical Problems: _____

Current Medication(s): _____

Allergies: _____ Possibility of Pregnancy: _____

If Pregnant, how far along? _____ Receiving Prenatal Care: _____

Date of last EPSDT or Physical:

Last Dental Exam:

Safety Concerns/Issues:

- Self Injury Aggressive/Violent Behavior
- Suicidal Ideation Threats of Harm to others
- Runaway Risky Sexual Behavior
- Suicide Attempts Assaultive Behavior
- Past Psychiatric Hospitalization

If yes, please explain: _____

Counseling History/Needs _____

Axis Diagnosis: _____

History of Abuse: Sexual Physical Emotional Neglect

Explain: _____

History of Drug &/or Alcohol Use, if yes, explain: _____

Probation Involvement, if yes, explain: _____

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History of Homelessness: _____

History of Domestic Violence: _____ In Home Exposure _____ Victim

Educational History/Current School Records available: _____ yes _____ no IEP: yes or no

Behavioral Issues in School Setting: _____

IQ: _____

Current Grade: _____

Home School District:

Type of Class:

____ Regular Education

____ Emotional Support

____ Learning Support

____ Special Education

____ Alternative Education

____ Other

Current Court Order: ____ yes ____ no Explain: _____

Any upcoming Court Hearings, if yes, when: _____

Recent Copy of FSP/ CPP: ____ yes ____ no Last Review Hearing: _____

Court Ordered Placement Goal:

____ Reunification ____ Adoption ____ Relative or Guardian

____ Perm. Legal Custodian ____ Another Planned Living
Arrangement

Child Prep Services

____ Receiving: **currently/ in past/ none**

____ Child Profile: **yes or no**

If yes, by whom: _____

Is Parental involvement expected, explain: _____

Other Important Family Involvement: _____

Sibling Visitation: _____

Social Security #: _____ MA Insurance: _____ ID/Issue #: _____

Private Insurance Information: _____

Disposition: _____

Other Providers Recommended if unable

To Place: _____

Additional Information:

Referral Taken By: _____

Faxing Background Info: _____

Who was informed of Referral: _____

Who will interview/follow up: _____

Interview date/time/location: _____

PPP: _____

Placement Code: _____

Non-Placement Code: _____