



**REFERRAL REASONS** (please check all that apply and circle specifiers where appropriate)

- Homeless: shelter, eviction issues, doubled up
- Unsafe Living Conditions: general/pests, no utilities
- Substance Abuse Treatment: inpatient or outpatient
- Mental Health Treatment: inpatient or outpatient
- Medical Treatment: inpatient or outpatient for guardian or medical needs of a child, chronic
- Respite: mental health, overwhelmed parent sobriety maintenance
- Adoption Plan
- Violence: community, domestic
- Child Abuse: preventative, responsive
- Neglect: responsive, medical
- Short term incarceration
- Resource gap: cash/income, benefits

**APPROXIMATE LENGTH OF PLACEMENT REQUESTED**

- 24-72 hours      1-3 weeks      30 days
- 45 days          60 days          90 days (only for inpatient medical/mental health treatment or incarceration)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2 – CHILD BEING REFERRED FOR PLACEMENT**

**Please fill out one section for each child (birth to age 12) being referred for placement.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Child's Clothing Size: \_\_\_\_\_ Child's Shoe Size: \_\_\_\_\_

Is this child in school? Yes    No

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ School's Phone Number: \_\_\_\_\_

School's Address: \_\_\_\_\_

Is transportation provided to the school? Yes    No

Is this child in therapy or receiving community services? Yes    No

Name of Program/Agency: \_\_\_\_\_ Type of Service: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

This service would be:    Onsite    Offsite (transportation is needed)

List any diagnoses the child has and behaviors associated with each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications the child is currently taking and what the medication is for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2 – CHILD BEING REFERRED FOR PLACEMENT**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Child's Clothing Size: \_\_\_\_\_ Child's Shoe Size: \_\_\_\_\_

Is this child in school? Yes No

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ School's Phone Number: \_\_\_\_\_

School's Address: \_\_\_\_\_

Is transportation provided to the school? Yes No

Is this child in therapy or receiving community services? Yes No

Name of Program/Agency: \_\_\_\_\_ Type of Service: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

This service would be: Onsite Offsite (transportation is needed)

List any diagnoses the child has and behaviors associated with each:

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Child's Clothing Size: \_\_\_\_\_ Child's Shoe Size: \_\_\_\_\_

Is this child in school? Yes No

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School's Address: \_\_\_\_\_

Is transportation provided to the school? Yes No

Is this child in therapy or receiving community services? Yes No

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Case Worker Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_