Lee County Department of Youth and Adult Services

YOUTH SERVICES REFERRAL FORM (PAGE 1 OF 2)

REFERRAL SOURCE NAME AND AGENCY: | COUNTY: | DATE OF REFERRAL:

REFERRAL FOR: ☐ INDIVIDUAL COUNSELING ☐ FAMILY COUNSELING ☐ PARENTING WORK GROUP
☐ HILLCREST YOUTH SHELTER (COMPLETE NEXT FORM)

CLIENT INFORMATION:

FULL NAME: _____
ADDRESS: _____
COUNTY OF RESIDENCE: _____
DATE OF BIRTH: _____
AGE: _____ SEX: _____ RACE: _____

SCHOOL INFORMATION:

YOUTH'S SCHOOL STATUS: ☐ ATTENDING REGULARLY
☐ HABITUALLY TRUANT ☐ SUSPENDED ☐ EXPELLED
SCHOOL: _____
GRADE: _____
OTHER PERTINENT INFORMATION: _____

PARENT/GUARDIAN INFORMATION:

FULL NAME(S): _____
ADDRESS: _____
TELEPHONE (H): _____
(W): _____
OTHER HOUSEHOLD MEMBERS:
NAME _____ RELATIONSHIP _____ AGE ___

OTHER PERTINENT INFORMATION:

YOUTH'S LIVING ARRANGEMENTS AT TIME OF REFERRAL (**ONLY** IF DIFFERENT FROM ABOVE LISTED ADDRESS):

LEGAL STATUS OF YOUTH (CIRCLE ONE):

01 YOUTH-AT-RISK 02 INTAKE-DIVERTED 03 PETITION FILED
04 ADJUDICATED 05 COURT SUPERVISION 06 PROBATION
07 AFTERCARE 08 REFERRED FROM SUPERIOR COURT
LIST ALL CHARGES BELOW: _____

PROBLEMS – YEAR PRIOR TO REFERRAL (CODE ACTUAL NUMBER):

COURT REFERRALS _____
SECURE CUSTODY _____
PSYCHIATRIC PLACEMENTS _____
OUT-OF-SCHOOL SUSPENSIONS/EXPULSIONS _____
RUNAWAY INCIDENTS _____

REFERRAL REASON (CODE UP TO TWO REASONS FROM THE FOLLOWING LIST):

01 DELINQUENCY (PROPERTY CRIME) 02 DELINQUENCY (PERSON CRIME) 03 DELINQUENCY (VICTIMLESS CRIME)
04 RUNAWAY 05 TRUANCY 06 UNGOVERNABLE 07 NEGLECTED 08 DEPENDENT 09 ABUSED
LIST ALL CHARGES BELOW: _____

Lee County Department of Youth and Adult Services

YOUTH SERVICES REFERRAL FORM (PAGE 2 OF 2)

-- COMPLETE ONLY IF REQUESTING CONSIDERATION FOR PLACEMENT AT HILLCREST –

1. WHO (PERSON AND AGENCY) IS REQUESTING THIS PLACEMENT? _____
2. HAS THE YOUTH PREVIOUSLY RECEIVED SERVICES FROM LCDYAS? _____ IF YES, LIST THE SERVICE(S) AND DATE(S): _____
3. WHO HAS CUSTODY OF THE YOUTH (PARENT, RELATIVE, DSS, OTHER)? _____
4. WHO IS THE "PRIMARY" PARENT (I.E., THE CONTACT PERSON)? _____
5. PLEASE PROVIDE SPECIFIC INFORMATION ON ALL CRIMINAL AND/OR UNDISCIPLINED REFERRALS TO COURT. INDICATE THE STATUS OF EACH. (USE AN ADDITIONAL PAGE IF NECESSARY.) _____
6. WHY IS THE PLACEMENT BEING SOUGHT AT THIS TIME? _____
7. HOW LONG WILL PLACEMENT BE NEEDED? _____ BRIEFLY DESCRIBE YOUR PLANS FOR THE YOUTH BEYOND RESIDENTIAL PLACEMENT. _____
8. IS THE YOUTH ASSAULTIVE OR AGGRESSIVE? _____ IF YES, PLEASE EXPLAIN. _____
9. HAS THE YOUTH EVER HAD A PROBLEM WITH ARSON (SETTING FIRES)? _____
10. DOES THE YOUTH DISPLAY INAPPROPRIATE SEXUAL BEHAVIOR OR HAS THE YOUTH EVER BEEN CHARGED WITH A SEXUAL OFFENSE? IF YES, PLEASE EXPLAIN. _____
11. DOES THE YOUTH HAVE ANY MEDICAL CONDITIONS THAT REQUIRE A PHYSICIAN'S ATTENTION AND/OR REGULAR MEDICATION? _____ IF YES, PLEASE EXPLAIN. _____
12. WILL THE PARENT(S)/LEGAL GUARDIAN(S) BE ABLE TO FULFILL OUR REQUIREMENTS (I.E., PHYSICAL EXAM, SCHOOL B BOOKS/ASSIGNMENTS, CLOTHING/TOILETRIES, COUNSELING APPOINTMENTS, ETC.)? _____
13. IS THE YOUTH INVOLVED WITH ANY OTHER **HUMAN SERVICES AGENCY** AT THIS TIME? _____ IF YES, PLEASE LIST THE AGENCY ALONG WITH ANY APPOINTMENTS SCHEDULED DURING THE NEXT 30 DAYS. _____
14. IS THE YOUTH SCHEDULED FOR ANY TYPE OF AN **EVALUATION AND/OR APPOINTMENT** (I.E., PHYSICIAN, SCHOOL, EXTRACURRICULAR ACTIVITY, ETC.) DURING THE NEXT 30 DAYS? _____ IF YES, PLEASE LIST THESE APPOINTMENTS. _____

-- FOR YOUTH SERVICES USE ONLY --

STAFFING DATE: _____ APPROVED ☐ DISAPPROVED ☐