

**Referral & Admission Documentation**

Referring Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Referring Agent Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency After-Hours Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Nicknames:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age at Admit:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Admit Date:** \_\_\_\_\_ **Admit Time:** \_\_\_\_\_ **Legal Authority for Placement:** \_\_\_\_\_

**Race or Cultural Heritage:** \_\_\_\_\_ **Tribal Affiliation:** \_\_\_\_\_

**Languages the resident speaks and writes:** \_\_\_\_\_

**Language the family speaks and writes:** \_\_\_\_\_ **Will an interpreter be needed?** \_\_\_\_\_

**Spiritual or religious affiliation of the resident and resident's family:** \_\_\_\_\_

**Placement Critical Goals or Issues:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Presenting Challenges/Concerns**

- **Medical:** \_\_\_\_\_
- **Circumstances leading to admission:** \_\_\_\_\_
- **Mental Health:** \_\_\_\_\_
- **Safety:** \_\_\_\_\_
- **Other:** \_\_\_\_\_

**Assets and Strengths** (include related information from resident, resident's family, and concerned persons in the resident's life):

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

**Previous Placement/Interventions:** For additional placements, please attach another sheet.

Program Name	Admit Date	Discharge Date	Completed Goals?

**Descriptors of Past and Current/Recent Behavior** (Check all that apply):

<i>Behavior</i>	<i>Past Current</i>	<i>Behavior</i>	<i>Past Current</i>	<i>Behavior</i>	<i>Past Current</i>
Assault		Passive-Aggressive		Withdrawn	
Frequent runner		Self Destructive		Mental Health Diagnosis	
Depression		Sexual acting out		Sleep disturbance	
Substance Abuse		Encopresis		Enuresis	
Destructive		Prostitution		Victim of emot abuse/neglect	
Eating Disorder		Vulnerable to sexual abuse		Victim of physical abuse	
Fire setting		Sexual perpetration		Victim of physical neglect	
Hyperactive		Social immaturity		Victim of sexual abuse	
Impulsive-Explosive		Suicidal		Verbally aggressive	

Past Criminal Charges/Convictions: (Please include dates of charges) \_\_\_\_\_

Youth's last known address: \_\_\_\_\_

Youth's permanent address: \_\_\_\_\_

Name

Address

Phone

**Parent:** \_\_\_\_\_

(check one)  Custodial  Non-Custodial  Phone contact OK  Supv visits OK  Unsupv visits OK

**Parent:** \_\_\_\_\_

(check one)  Custodial  Non-Custodial  Phone contact OK  Supv visits OK  Unsupv visits OK

**Guardian:** \_\_\_\_\_

**Guardian ad Litem:** \_\_\_\_\_

**Last School Contact:** \_\_\_\_\_

Other ( \_\_\_\_\_ ): \_\_\_\_\_

Phone contact OK  Supervised visits OK  Unsupervised visits OK

Other ( \_\_\_\_\_ ): \_\_\_\_\_

Phone contact OK  Supervised visits OK  Unsupervised visits OK

Other ( \_\_\_\_\_ ): \_\_\_\_\_

Phone contact OK  Supervised visits OK  Unsupervised visits OK

Other ( \_\_\_\_\_ ): \_\_\_\_\_

Phone contact OK  Supervised visits OK  Unsupervised visits OK

Other ( \_\_\_\_\_ ): \_\_\_\_\_

Phone contact OK  Supervised visits OK  Unsupervised visits OK