

Referral Screening and Intake Study Form

Date of Referral: _____ Time: _____

Child's Name: _____ **Gender:** _____

Birthdate: _____ Age: _____ Grade: _____ Primary Language: _____

Race: Caucasian African American Asian American Indian Alaskan Native
 Pacific Islander Other Unknown

Ethnicity: Not Hispanic Hispanic Other

Tribal Affiliation: None Specify: _____ ICWA Status Confirmed: Yes No

Other Siblings Applying for Services: _____

Legal Guardian (Name, Agency): _____

Phone: _____ Email: _____

Address: _____

Services Requested: Campus Based Foster Care/Residential Community Foster Care
 Therapeutic Foster Care Bridging Families YIL

Support Services Requested: Outpatient Therapy Medication Management

Location: Avery Hendersonville Winston-Salem

Placement Funder: DSS Private Placement DJJ

Requested Start Date: _____ **Anticipated Length of Placement:** _____

Currently Living W/: Biological Parents Relative Foster Family Other: _____

Reason for Change in Current Living Arrangement:

If in DSS Custody, **why was the child removed from the home:**

Visitation (Relationship): Unsupervised (w/ _____) Supervised (w/ _____) None w/ _____

Current Visitation Schedule & Location:

Describe the Child (strengths, hobbies, positive qualities, etc.):

Placement History

Number of Prior Placements: Family Foster Care: _____ Therapeutic Foster Care: _____ Kinship: _____

Group Home (non Tx): _____ Length of Most Recent Placement: _____

Additional Details:

Medical and Psychiatric History

Medical Concerns/Issues: _____

Current Medications: _____

We request to maintain current provider for Medical Dental Therapy Psychiatry

Intake Study

Mental Health Diagnosis and Treatments:

Psychiatric **Hospitalizations History** (dates and details): _____

Past Mental Health/Substance Use Treatments (w/in last year): Outpatient Therapeutic Foster Care
 Residential Tx PRTF IHH/MST

Is there a recent CCA/Psychiatric Evaluation/other Assessment? Yes No If yes, please attach

Trauma and Behavioral History
(describe behavior and frequency)

Trauma History: None Unknown Physical Abuse Sexual Abuse Domestic Violence
 Neglect Drug/Alcohol Use in Home Parent Incarceration/Abandonment Death

Describe Trauma History (who/when/etc.):

Drug/Alcohol Use: None W/in last 30 days W/in last 3 months Past Unknown
Substance: Marijuana Alcohol Opiates Methamphetamine Hallucinogens Other
Frequency: Daily Weekly Monthly Less Often
Describe: _____

Aggressive/Violent Behaviors: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

Sexually Aggressive Behaviors/Offenses: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

Self-Harm: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

Suicidal Ideation/Threats/Actions: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

Defiance/Verbal Aggression: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

Runaway: None W/in last 30 days W/in last 3 months Past Unknown
Describe: _____

School Behaviors: None W/in last 30 days W/in last 3 months Past Unknown
 Truancy Write Ups Suspensions Expulsion
Describe: _____

If any of the above are selected please attach additional documentation of the behavior, such as CCA, School Records, Medical Records

Submitted by: _____