

## 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  Bridging Futures

**Support Services Requested:**  Outpatient Therapy  Medication Management

**Location:**  Avery  Hendersonville  Winston-Salem  Smoky Mountain  Metrolina

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