

**Youth Services Referral Form**

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| **Date of Referral** |  |

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| **Youth Information** |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

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| **Services Requested (check as many as apply)****Please call 612.877.7835 for information on availability and eligibility.** |
| High-Fidelity Wraparound |  |
| Teen Parenting Groups |  |
| Teen Mom Mentoring |  |

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| **Primary Guardian Information** |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

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| **Reason for Referral****Please include background information (school/peer issues, behavioral or safety concerns), desired outcome of service and attach supporting documentation as necessary. Call 612.877.7835 with questions.** |
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| **Legal/Living Situation (check as many as apply)****Please attach supporting documentation as appropriate.** |
| On probation |  |
| Child Protection Services case open |  |
| Residential treatment facility |  |
| Transitional housing facility |  |
| Out-of-home placement (e.g. foster care) |  |
| Independent |  |
| With family |  |
| Other |  |

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| **Involvement with County and Other Systems (check as many as apply)****Please attach supporting documentation as appropriate.** |
| Criminal Justice |  |
| Family Court |  |
| Child Protection Services (CPS) |  |
| Chemical Dependency Program |  |
| Assistance Program through State |  |
| Other |  |

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| **Other Family Members** |  |  |
| **Name** | **Date of Birth** | **Gender** | **Ethnicity** |
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| **Youth Case Worker** |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

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| **Youth Probation Officer** |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

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| **Youth Therapist (attach Release of Information form if applicable)** |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

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| **Other Contact** |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

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| **Supporting Documentation (check if attached)** |
| Child Protection Services (CPS) Case Plan |  |
| Psychological Evaluation (required for Wraparound) |  |
| Court Hearing Report |  |
| Individualized Education Program (IEP) Statement |  |
| Parenting Assessment |  |
| Other |  |