|  |  |  |  |
| --- | --- | --- | --- |
| Client Full Name: |  | Date of referral: |  |

This referral form is applicable to any of Eckerd’s Community Based Programs or Short-Term Residential Programs. Please check the specific program for which you are making the referral.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SHORT-TERM RESIDENTIAL:  Eckerd Kerr Lake (Female) | | | | |  | | | | | | | | | |
|  | Eckerd Boomer (Male) | | | |  | |  | | | | | | | |
|  | Eckerd Candor (Male) | | | |  | |  | | | | | | | |
| **NOTE:** All sections of this form and the required, needed documentation listed on the last page, page 4, have to be included in order for the referral to be processed. Not doing so will delay the referral process. | | | | | | | | | | | | | | |
| **\** | | | | | | | | | | | | | | | |
| **RESIDENTIAL PROGRAMS EXCLUSIONARY CRITERIA** (Any single criteria will rule applicant out) | | | | | | | | | | | | | | | |
| Actively suicidal | | | | Substance/alcohol intoxication requiring detoxification | | | | | | | | | | | |
| Actively homicidal | | | | Psychotic/Mood episodes not controlled by medication | | | | | | | | | | | |
| Full I.Q. 70 or below | | | |  | | | | | | | | | | | |
| Disposed as sexual predator and assessment identifies as moderate or high risk (must have successfully | | | | | | | | | | | | | | | |
| completed treatment program for sexual offenders and is deemed low or minimum risk for reoffending) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **REFERRING AGENCY** | | | | | | | | | | | | | | | |
| Court Counselor Name: | | |  | | | | | Work Phone: | |  | | | | | |
| Position: | | |  | | | | | Cell Phone: | |  | | | | | |
| Agency Name: | | |  | | | | |  | | | | | | | |
| Street Address: | | |  | | | | |  | | | | | | | |
| City: | | |  | | | | | State: |  | | Zip Code: | |  | | |
| Email Address: | | |  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Placement in an Eckerd program has been discussed with the youth and family prior to, or during, the referral process.** | | | | | | | | | | | | | | | |
| Explained by: | |  | | | | Position: | |  | | | | Date: | |  | |
| Client Signature: | |  | | | |  | |  | | | |  | |  | |
| Parent Signature: | |  | | | |  | |  | | | |  | |  | |
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| **DEMOGRAPHICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | | |  | | | | Race: | | |  | | | | | Ethnicity: | | |  | | | | NC JOIN #: | | | | | | | | |  | | |
| Date of Birth: | | | |  | | | | Height: | | |  | | | | | Weight: | | |  | | | | Religious Preference: | | | | | | | | |  | | |
| Parent/Legal Guardian Name(s): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (Street) | | | | | | | | | | | | | | | | | | (City) | | | | | | | | | (State) | | | | (Zip code) |
| County: | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | Cell Phone: | | | | |  | | | | | | | | Work Phone: | | | | | | |  | |
| Living Situation at Referral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Single Mother | | | | | | | | | |  | | Step-Parent only | | | | | | | |  | | Neighbor/Friend | | | | | | | | | | |
|  | | Single Father | | | | | | | | | |  | | Grandparents | | | | | | | |  | | Hospital: | | | |  | | | | | | |
|  | | Both Parents - biological | | | | | | | | | |  | | Other Relative | | | | | | | |  | | Training School: | | | | |  | | | | | |
|  | | Both Parents - adoptive | | | | | | | | | |  | | Foster Home | | | | | | | |  | | Independent Living Program | | | | | | | | | | |
|  | | Parent/Step-Parent | | | | | | | | | |  | | Group Home | | | | | | | |  | | Other: | | | |  | | | | | | |
| Last School Attended: | | | | | | |  | | | | | | | | | | | | | Current Grade: | | | | | | | |  | | | IEP: Yes No | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRESENTING BEHAVIORS** (in last 12 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Runaways: (#) | | | | |  | | | | | |  | | | Rule breaking | | | | | | | | | |  | | Insomnia | | | | | | | |
|  | Kicked out of home: (#) | | | | | | | |  | | |  | | | Lying | | | | | | | | | |  | | Hyperactive | | | | | | | |
|  | Court finding of neglect | | | | | | | | | | |  | | | Truancy | | | | | | | | | |  | | Cruelty to animals | | | | | | | |
|  | Compliant with house rules | | | | | | | | | | |  | | | Vandalism | | | | | | | | | |  | | Cruelty to others | | | | | | | |
|  | Negative Peer Relationships | | | | | | | | | | |  | | | Resentment of authority | | | | | | | | | |  | | Encopresis (soiling) | | | | | | | |
|  | Family Gang member | | | | | | | | | | |  | | | Acts without weighing consequences | | | | | | | | | |  | | Enuresis (wetting) | | | | | | | |
|  | Personally belongs to a gang | | | | | | | | | | |  | | | Expresses belief that rules do not apply to him/her | | | | | | | | | |  | | Stealing from family members | | | | | | | |
|  | Associates with gang members | | | | | | | | | | |  | | | Hostile interpretation of actions and intentions of others | | | | | | | | | |  | | Stealing from others outside of family | | | | | | | |
|  | Physical aggression against family members | | | | | | | | | | |  | | | Not involved in structured recreational activities | | | | | | | | | |  | | Fire Setting | | | | | | | |
|  | Physical aggression against peers | | | | | | | | | | |  | | | Not involved in non-structured recreational activities | | | | | | | | | |  | | Breaking curfew | | | | | | | |
|  | Physical aggression against other adults | | | | | | | | | | |  | | | Decline in interest in positive leisure pursuits | | | | | | | | | |  | | Self-injurious behavior | | | | | | | |
|  | Object aggression | | | | | | | | | | |  | | | Suicidal ideation | | | | | | | | | |  | | Expresses feelings of anxiety | | | | | | | |
|  | Verbal aggression | | | | | | | | | | |  | | | Suicidal gesture | | | | | | | | | |  | | Dependence on parents | | | | | | | |
|  | Sexually reactive behaviors | | | | | | | | | | |  | | | Suicide attempt | | | | | | | | | |  | | Dependence on friends | | | | | | | |
|  | Sexually aggressive behavior | | | | | | | | | | |  | | | Homicidal ideation | | | | | | | | | |  | | Lack of friends | | | | | | | |
|  | Physical posturing/threats | | | | | | | | | | |  | | | Homicidal gesture | | | | | | | | | |  | | Fears that impact functioning | | | | | | | |
|  | Verbal posturing/threats | | | | | | | | | | |  | | | Homicidal attempt | | | | | | | | | |  | | Substance use | | | | | | | |
|  | Temper tantrums to avoid problem | | | | | | | | | | |  | | | Depression: withdrawn | | | | | | | | | |  | | Substance abuse | | | | | | | |
|  | Temper tantrums: to keep others away | | | | | | | | | | |  | | | Depression: sadness, tearfulness | | | | | | | | | |  | | Alcohol use | | | | | | | |
|  | Temper tantrums: result of inadequate emotional control | | | | | | | | | | |  | | | Easily distracted from task | | | | | | | | | |  | | Alcohol abuse | | | | | | | |
|  | Bullying others | | | | | | | | | | |  | | | Irritability | | | | | | | | | |  | | Property destruction | | | | | | | |
|  | Acts without weighing consequences of actions | | | | | | | | | | |  | | | Poor concentration | | | | | | | | | |  | | Ambivalent gender identity | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **FAMILY CHARACTERISTICS** | | | | | | | | | | | | | | | | | | |
|  | | | Excessive discipline | | | | |  | Reported child neglect | | | | |  | | Death of family member | | |
|  | | | Minimal discipline | | | | |  | Reported child abuse | | | | |  | | Loss of employment | | |
|  | | | Minimal supervision | | | | |  | Drug use | | | | |  | | Loss of home | | |
|  | | | Over-protectiveness | | | | |  | Drug abuse | | | | |  | | Health problems | | |
|  | | | Sexual abuse of youth | | | | |  | Alcohol use | | | | |  | | Suicide attempts | | |
|  | | | Family violence | | | | |  | Alcohol abuse | | | | |  | | Mental Health history | | |
|  | | | Neglect of youth | | | | |  | Family member incarcerated | | | | |  | | Family member involved in legal system | | |
|  | | | | | | | | | | | | | | | | | | |
| **HOUSEHOLD INCOME** (Total) | | | | | | | | | | | | | | | | | | |
|  | | | Less than $10,000 | | | | |  | Between $10,000 - $19,999 | | | | |  | | Between $20,000 - $29,999 | | |
|  | | | Between $30,000 - $39,999 | | | | |  | Between $40,000 - $49,999 | | | | |  | | Between $50,000 - $59,999 | | |
|  | | | Between $60,000 - $69,999 | | | | |  | More than $70,000 | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **MARITAL STATUS** (of biological parents) | | | | | | | | | | | | | | | | | | |
|  | | | Married | | | | |  | Separated | | | | |  | | Father married | | |
|  | | | Divorced | | | | |  | Widowed | | | | |  | | Both parents remarried | | |
|  | | | Never married | | | | |  | Mother married | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **MEDICAL CHARACTERISTICS** | | | | | | | | | | | | | | | | | | |
|  | | | Allergies: | | | | |  | Food: | |  | | | | | | | |
|  | | | | | | | |  | Medicine: | | |  | | | | | | |
|  | | | | | | | |  | Environmental: | | |  | | | | | | |
|  | | | | | | | |  | Asthma | | |  | | | | | | |
|  | | | | | | | |  | Allergen not known | | | | | | | | | |
|  | | | No Known Allergies | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | Comprehensive Physical Examination in last 180 days prior to admission | | | | | | | | | | | | | | Date: |  |
|  | | | Tuberculosis screening within past 180 days prior to admission | | | | | | | | | | | | | | Date: |  |
|  | | | Current immunization record | | | | | | | | | | | | | | | |
|  | | | Dental examination within 365 days prior to admission | | | | | | | | | | | | | | Date: |  |
|  | | | Current medications (include psychotropic medications): | | | | | | | | | | | | | | | |
|  | | | **Type** | | | | | | |  | **Dosage if Known** | | | |  | | **Purpose if Known** | |
|  | | |  | | | | | | |  |  | | | |  | |  | |
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|  | | |  | | | | | | |  |  | | | |  | |  | |
|  | | |  | | | | | | |  |  | | | |  | |  | |
| Name of Attending Physician: | | | | | | |  | | | | | | | | | | | | |
| Phone Number: | | | | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **AVAILABILITY OF THERAPEUTIC SERVICES** | | | | | | | | | | | | | | | | | | | |
| Is the youth eligible for or do they have access to services similar to CBT/Wraparound in their area? | | | | | | | | | | | | | | | | | | |
|  | | Yes | |  | | No | | | | | | | | | | | | | |

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| **MENTAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | There have been mental health problems in the past. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | There have been no mental health problems in the past. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Diagnosed** | | | | **Current Treatment** | | | | | | | | **Past Treatment** | | | | | | **Current Medication** | | | | | | **Past Medication** | |
| Psychosis | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | |  | |
| Bipolar | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | |  | |
| Other Mood | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | |  | |
| Thought Disorder | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | |  | |
| Behavior Disorder | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | |  | |
| If diagnosed or under specific treatment, describe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LEGAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Status: | | | | | | |  | Level II Probation | | | | | | | | | | | |  | | Pending Post Release Supervision | | | | | | | | |
| Delinquency Points: | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Assessment Score: | | | | | | | | | |  | High | | | | | | | | | |  | Medium | | | | |  | | | Low |
| Current Needs Assessment Score: | | | | | | | | | |  | High | | | | | | | | | |  | Medium | | | | |  | | | Low |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes | Previous Delinquent/Criminal Offenses | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Age at first arrest or referral for delinquent/criminal offenses | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Total number of offenses that resulted in adjudication/conviction or adjudication withheld | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Total number of Felony-level offenses that resulted in adjudication/conviction or adjudication withheld | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Total number of misdemeanor *and* felony offenses against another person that resulted in adjudication/conviction or adjudication withheld | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Total number of felony offenses against another person that resulted in adjudication/conviction or adjudication withheld | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Total number of violations of probation or conditional release. (Check off Types on the next line): | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | Technical | | | | | | | |  | | | New Offense | | | | | | | |  | | Absconder | | | | |
|  | | | | Number of times placed on probation | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Number of detention confinements | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Number of foster care, emergency shelter placements by the state social services agency | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Reasons for Contact with JJ** | | | | | | | | | | |  | | **Dispositions** | | | | | | | | | | |  | | | **Disposition Date** | | |
| 1. | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | |
| 2. | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | |
| 3. | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | |
| 4. | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | |
| 5. | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following documentation are required in order for this referral to be processed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Completed Referral Form | | | | | | | | | | | | | | | | |  | Confirmation of the youth’s disposition level | | | | | | | | | | | |
|  | YASI Prescreen or Full Assessment | | | | | | | | | | | | | | | | |  | YASI Wheel | | | | | | | | | | | |
|  | JJ Full Family Data Sheet | | | | | | | | | | | | | | | | |  | YASI Case Plan | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |