Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Medicaid: Y/N

Services Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency or Program referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Factors- Please check all eligibility factors that apply:

\_\_\_ Academic Difficulty Current GPA: \_\_\_\_\_\_

\_\_\_ School Move

\_\_\_ History of truancy: # last year\_\_\_ # current year\_\_\_

\_\_\_ History of suspensions: # last year\_\_\_ # current year\_\_\_

\_\_\_ History of expulsions: # \_\_\_ date \_\_\_\_\_

\_\_\_ Child at risk of removal from home, school, or community

\_\_\_ At risk of school action (suspension, expulsion, truancy) # of office discipline referrals\_\_\_

\_\_\_ Multi-agency involvement in need of collaboration

Risk Factors related to eligibility present at referral- Please check all that apply:

\_\_\_ Academic Difficulty \_\_\_ Mental Health Issues of Child \_\_\_ Child Under Stress

\_\_\_ Attendance Problems \_\_\_ Mental Health Issues of Parent \_\_\_ Domestic Violence

\_\_\_ Basic Needs Unmet \_\_\_ Parent-Child Conflict \_\_\_ Inadequate Social Skills

\_\_\_ Child Behavior \_\_\_ Parental Conflict \_\_\_ Juvenile Del./Court

\_\_\_ Child Depression \_\_\_ Parent Death \_\_\_ Special Needs Child/Parent

\_\_\_ Child Medical Needs \_\_\_ Parent Illness \_\_\_ Unstable Housing

\_\_\_ Child Neglect \_\_\_ Parent Separation \_\_\_ Financial Issues

\_\_\_ Child Physical Abuse \_\_\_ Parent Substance Abuse

\_\_\_ Child Sexual Abuse \_\_\_ Placed Out of Home

\_\_\_ Child Substance Abuse \_\_\_ Sexual Acting Out