**Referral Form**

Email this form to kristin@prairielakesyouth.org to refer a youth to our programs. Also include any assessments, progress reports, or other documentation that can assist with placement determination.

**Our Programs**

Check the program(s) requested:

Toledo’s Passage - Secure Detention Male and Female

Leo’s Legacy - Secure Residential Male and Female

Captain’s Academy - Non-Secure Males

Haven House - Community Based Group Home Females

Integrity House - Community Based Group Home Males

**Referral**

Referral Date: 

Rationale for Placement Request: 

Name of Person Completing this Form: 

**Youth Demographics**

Youth Full Name:

Preferred Name/Nickname: 

Date of Birth:

Place of Birth: 

Gender Assigned at Birth:

Gender Identifies As: 

Race and Cultural Heritage:

Spiritual or Religion Affiliation: 

**Placing Agency**

Agency/County/Program Name: 

Referral Agent Name: 

Agent Phone Number:

Agent Email: 

**Legal Custodian Information**

Is Legal Custodian Same as the Parent: 

Legal Custodian Name: 

Custodian Phone Number: 

Custodian Email: 

Custodian Address: 

**Parent Information**

Parent Names: 

Parent Phone Numbers: 

Parent Emails: 

Parent Addresses: 

**Educational Information**

Most Recent School Attended: 

City and School District: 

Contact Person at School: 

Does Youth Have an IEP: 

Current Grade in School: 

**Medical History**

Medical Needs or Supports: 

Any Known Allergies: 

Any Physical Disabilities: 

Any Physical or Medical Restrictions: 

Current Medications: 

**Diagnostic Information**

Most Recent DSM Diagnosis: 

Diagnostic or Other Assessments Completed: 

**Strengths and Difficulties**

Share the Trauma and Mental Health ACEs Impact Youth Has Experienced: 

Any Sexual Boundary or Vulnerability Concerns: 

Any Significant Aggression History or Current Behaviors: 

Share the Challenges and Difficulties Youth is Working to Overcome: 

Share the Achievements and Strengths Youth Demonstrates: 

Anything Else not Mentioned that we Should Know: 

Share the ‘Coolest’ Thing about this Kiddo: 

**Placement Request**

Length of Stay Requested: 

Any Specific Services Requested During Stay: 

Placement Goals: 

Intake Date Requested: 

Thank you for placing a referral with us at Prairie Lakes Youth Programs!