**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!