

The Daisy Center QRTP Referral Intake #6
643 27 ½ Road, Grand Junction, CO 81506 (970) 243.3304

Youth Name		Date of Birth and Age	
Person Making Referral		Phone #	
Case Manager Name		Placement County	
Date Placement needed:		Referral Date :	
CANS Assessment Scheduled Date:		Independent CANS Assessment Completed Date:	
If a youth is accepted into our program the independent CANS Assessment must be completed within 14 days of admission. If the youth does not meet QRTP eligibility requirements the county will have an additional 30 days to find appropriate placement or negotiate rate for county paid services			

Projected length of Placement:	
Presenting Reason for Placement	
Circumstances that led to Placement?	
How long has youth been in placement?	
Short term Stabilization Needs?	
Current Functioning?	
Required Special Accommodations?	

School Attending		Current Grade	
School Special Transportation needed			
Does youth have an IEP or special needs in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has youth ever been suspended or expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How is school attendance?	<input type="checkbox"/> Bad	<input type="checkbox"/> OK	<input type="checkbox"/> Good <input type="checkbox"/> Excellent

Medical Diagnosis:	
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What is the youth's sexual Orientation?	Heterosexual	Bi- sexual / Lesbian/ Transgender
What does the Youth identify As?	Male	Female They/Them

Is youth on Probation or ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation officer:	Phone Number:	
Any upcoming court dates? Community Service?		
Last time youth used Drugs or Alcohol?		

Does the youth have a history of drug use? Vaping? Cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the drugs used?	<input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Meth <input type="checkbox"/> Inhalants <input type="checkbox"/> Other	
Has youth ever damaged or destroyed property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the youth physically aggressive/ Violent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth been hospitalized for Mental Health? If yes, Why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does youth have a history of running away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth had self-harming behaviors? Suicidal Idealization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the youth have poor sexual boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth traded sex for money or been Trafficked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the Questions Above – Please Explain:		

Reason for Transfers from prior Placement:	
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Risk Factors - Behavioral Characteristics Rate (L) Low (M) Medium (H) High (A) Alert

<input type="checkbox"/>	Disrespectful/ Defiant	<input type="checkbox"/>	Excessive Swearing	<input type="checkbox"/>	Losing Temper- Tantrums
<input type="checkbox"/>	Poor Sexual Boundaries	<input type="checkbox"/>	Poor Hygiene	<input type="checkbox"/>	Lying Excessively
<input type="checkbox"/>	Behavioral Problems	<input type="checkbox"/>	Verbally Threatens Others	<input type="checkbox"/>	ADHD/ ADD/ Autism
<input type="checkbox"/>	Conflict with Peers	<input type="checkbox"/>	Eating Issues	<input type="checkbox"/>	Sleeping Issues
<input type="checkbox"/>	Trade Sex for Money- Trafficked	<input type="checkbox"/>	Tests limits and rules	<input type="checkbox"/>	Trauma Experiences

Comments about any Significant Behaviors / Trauma/ Emotional Regulation

What services and Trauma Based Treatment would you like from The Daisy Center?

Coping Strategies and successful Interventions	
<input type="checkbox"/> Acceptance into Program	<input type="checkbox"/> Declined Acceptance into Program
<input type="checkbox"/> Need Therapy/ Treatment prior to reevaluate for acceptance into Daisy program	

