NATIONAL YOUTH ADVOCATE PROGRAM

CARING FOR PEOPLE • CONNECTING COMMUNITIES • PROMOTING PEACE

Assigned to: _____

*For office use only

OHIO SERVICE REFERRAL

Services:

- ☐ Family Finding
- ☐ Family Therapy
- ☐ Group
- ☐ Individual Therapy
- ☐ Multi Family Therapy
- ☐ Nursing Services
- ☐ Ohio Children's Initiative CANS
- ☐ Parenting
- ☐ PDE/Mental Health Assessment
- ☐ Permanency Support
- ☐ Psychiatry
- ☐ Social Advocate/PSR
- ☐ SUD Assessment
- ☐ SUD Treatment
- ☐ Treatment Advocate/Therapeutic Behavioral Services

Programs:

- ☐ BH Respite
- ☐ CANEI
- ☐ CBESC
- ☐ Functional Family Therapy (FFT)
- ☐ Hamilton County FPS
- ☐ Healthy Ways
- ☐ IFPT
- ☐ IHBT
- ☐ IIHS
- ☐ In Home Services
- ☐ Kinship
- ☐ OPMH
- ☐ PASS
- ☐ Rapid Response
- ☒ School Based (STAR)
- ☐ SUD Treatment
- ☐ Transitional Services Program
- ☐ Wrap Around
- ☐ Workforce Development

Locations:

- ☐ Akron
- ☐ Austintown
- ☐ Cincinnati
- ☐ Care Management
- ☐ Cleveland
- ☐ Dayton ACTION
- ☐ Dayton
- ☐ East Dublin-Granville Rd
- ☒ High St
- ☐ Lima
- ☐ Mt. Gilead
- ☐ Newark- Cherry Valley
- ☐ Newark- 3rd St
- ☐ Sharon Woods
- ☐ Stark Co
- ☐ Washington Court House
- ☐ Toledo
- ☐ West Unity
- ☐ Zanesville

Person Served: _____ Date of Birth: _____

Race: _____ Gender: _____

Social Security Number: _____ Medicaid/Insurance #: _____

Caseworker: _____ Phone: _____

Caregiver: _____ Relationship: _____

Address: _____ Phone: _____

If applicable, does the caregiver have educational signing rights? ☐ Yes ☐ No ☐ N/A

If applicable, does the caregiver have medical signing rights? ☐ Yes ☐ No ☐ N/A

Presenting Problem/Treatment Focus:

_____

_____

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Problem Behaviors:

- ☐ Irritability
- ☐ Loses Temper Easily
- ☐ Verbally Aggressive
- ☐ Physically Aggressive
- ☐ Destruction of Property
- ☐ Cruelty to Animals
- ☐ Lying
- ☐ Stealing
- ☐ AWOL
- ☐ Probation/Parole
- ☐ Poor Social Skills
- ☐ Self-Harm Behavior
- ☐ Low Self-Esteem
- ☐ Family Functioning
- ☐ Thought Disturbances
- ☐ Paranoia
- ☐ Tics
- ☐ Other _____
- ☐ Personal hygiene
- ☐ Enuresis
- ☐ Encopresis
- ☐ Anxiety
- ☐ Grief
- ☐ Separation/Loss
- ☐ Fire Setting
- ☐ Discipline
- ☐ School attendance
- ☐ School Problems
- ☐ Failure to Supervise
- ☐ Poor Household Management
- ☐ Addiction (gambling, etc.)
- ☐ Mood Swings
- ☐ Employment Problems
- ☐ Phobias
- ☐ Obsessive/Compulsive Difficulties
- ☐ Depressed Mood
- ☐ Substance Abuse
- ☐ Suicide Ideation/Gestures
- ☐ Sexual Perpetrator
- ☐ Sexually Reactive
- ☐ Sexually Promiscuous
- ☐ Victim of Sexual Abuse
- ☐ Victim of Physical Abuse
- ☐ Easily Distracted
- ☐ Hyperactive
- ☐ Impulsivity
- ☐ Domestic Violence
- ☐ Inflated Self-Esteem
- ☐ Hallucinations
- ☐ Relationship Difficulties
- ☐ Nightmares

Diagnosis: _____

Medications: _____

Person Served Strengths or Interests:

Referred by: _____ Date: _____

Relationship to Person Served: _____

Agency Referring: _____ Phone Number: _____