

SAFE HAVEN

CARE GROUP INC.

CLIENT SCREENING / REFERRAL FORM

Youth & Family Services

Please complete this form to help Safe Haven Care Group understand the young person's circumstances, needs, and support system. Submission begins the review process and does not guarantee admission.

01 YOUTH INFORMATION

Youth's Full Name

Date of Birth

Current Grade

Current School

Individualized Education Program (IEP): ☐ Yes ☐ No ☐ Unknown

02 REFERRAL SOURCE

Referrer Name

Referrer Email

Referring Agency

Agency Telephone Number

Referring Agency Address (Street, City, State, ZIP)

03 PARENT / LEGAL GUARDIAN

Legal Guardian Name

Legal Guardian Telephone Number

Legal Guardian Address (Street, City, State, ZIP)

04 PRESENTING CONCERNS

Please indicate any known history. Provide context in Section 7 where helpful.

☐ Yes ☐ No Depression	☐ Yes ☐ No Running away
☐ Yes ☐ No Anxiety disorder	☐ Yes ☐ No Obsessive-compulsive disorder
☐ Yes ☐ No Conduct disorder	☐ Yes ☐ No Oppositional defiant disorder
☐ Yes ☐ No Substance/alcohol use or abuse	☐ Yes ☐ No School truancy
☐ Yes ☐ No Academic performance concerns	☐ Yes ☐ No Anger/aggression
☐ Yes ☐ No At-risk behaviors to self or others	

05 CLINICAL & MEDICAL INFORMATION

Current known diagnoses

Current and/or past medical problems

CURRENT MEDICATIONS

Medication	Dosage	Diagnosis / Reason Prescribed

06 COURT / PROBATION INFORMATION

Currently on supervised probation? ☐ Yes ☐ No ☐ Unknown

Probation Officer Name

Probation Officer Telephone Number

District

07 CURRENT NEEDS & CONTEXT

Onset and duration of presenting concerns

Describe the youth's psychiatric needs

Describe the youth's support needs

Additional information that may help Safe Haven understand the referral

08 SUPPORTING INFORMATION

Indicate any supporting records included with this referral.

☐ Assessment / evaluation	☐ School / IEP information
☐ Medical / medication information	☐ Court / probation information
☐ Discharge / placement information	☐ Other: _____

REFERRAL NOTICE

Submission of this referral does not guarantee admission. Safe Haven Care Group reviews each referral to determine program alignment, level of support needed, and next steps. Additional information may be requested during review.

FOR SAFE HAVEN STAFF USE ONLY

Referral disposition:	☐ Accepted ☐ Not accepted ☐ Pending additional information
Reason / notes:	
Staff Name / Title:	
Signature:	
Date:	