

# RTC Referral Information

Youth Town is a 120-day residency



Referral Date: \_\_\_\_\_

MALE

FEMALE

**\*\*Office Use Only\*\*** Assessment: \_\_\_\_\_ Time: \_\_\_\_\_ Intake: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP: \_\_\_\_\_ Truancy: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

**Substance Use:** \_\_\_\_\_

**Mental Health Issues:** \_\_\_\_\_

**Family Problems:** \_\_\_\_\_

**Peers:** \_\_\_\_\_

**Legal Charges:** \_\_\_\_\_

AT RISK OF CUSTODY? \_\_\_\_\_

COURT ORDERED? \_\_\_\_\_

(PLEASE PROVIDE DOCUMENTS)

Previous Services: \_\_\_\_\_

Medical/Medication: \_\_\_\_\_

Probation Officer/DCS: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

**\*\*\*PLEASE FORWARD COMPLETED FORM TO ELIZABETH MATHEWS AT [emathews@youthtown.net](mailto:emathews@youthtown.net) or fax it to 731-427-5605\*\*\***

**\*\*Office Use Only\*\***

Insurance Auth # \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_ TNWITTS

\_\_\_\_\_ Shay

Comments: \_\_\_\_\_