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| SCREENING/REFERRAL FORM - CINS/FINS Family Action Program  CDS Family & Behavioral Health Services, Inc.  CONFIDENTIAL |
| **YOUTH Px. Zip Code NETMIS #:** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_  First middle last |
| PERSON PROVIDING INFORMATION Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOW DID YOU HEAR ABOUT US, SO WE CAN ENSURE OTHERS LOOKING FOR HELP KNOW WE ARE HERE? \_\_\_\_ Word of Mouth \_\_\_\_Social Media \_\_\_\_ Printed Material \_\_\_\_ Web Search\_\_\_\_ Billboard \_\_\_\_ Other  Who referred you to IYP? (circle one) A. Self B. DCF C. DJJ D. Law ENF E. School F. Family G. Court H. Safe Place I. Other  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CDS STAFF RECORDING INFORMATION Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_AM/PM Length of Contact:\_\_\_\_ minutes  Site: IYPC\_\_\_\_IYPE\_\_\_\_IYPNW\_\_\_\_FAC\_\_\_\_FAE\_\_\_\_FANW\_\_\_\_  Type of contact: TELEPHONE\_\_\_\_ FACE TO FACE\_\_\_\_ WRITTEN\_\_\_\_ SCHOOL\_\_\_\_ CDS\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRESENTING PROBLEMS- Check ALL issues for youth/family**  \_\_\_Runaway \_\_\_Lockout/Homeless \_\_\_Relocation \_\_\_DCF  \_\_\_Truant \_\_\_Substance Abuse \_\_\_Lying/ Stealing \_\_\_DJJ  \_\_\_Anger \_\_\_Eating/Sleeping \_\_\_Peer Issues \_\_\_Domestic Violence \_\_\_Depression \_\_\_Divorce/Marriage \_\_\_Aggressive/Assaultive \_\_\_Anxiety  \_\_\_School Related Issues \_\_\_Beyond Control \_\_\_ Recent Trauma \_\_\_ Others (indicate  \_\_\_\_ Gang Affiliation \_\_\_ Grief/Loss \_\_\_ Gender Identity/Sexual/ below)  Orientation Issues  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What are the feelings of the parent and youth related to receiving services at this time?  Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CINS/FINS CRITERIAEligible YES NO Threatening to run away, or a runaway YES NO Beyond the control of parents or guardians  YES NO Truancy or other school-related problems YES NO Lockout/homeless  YES NO Any pending delinquency allegations? If yes, what charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO Domestic Violence Service request? If yes, DV charge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO Adjudicated dependent /DCF investigation for abuse, neglect or abandonment.  Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO Is this a request for Probation Respite Services? Adjudicated delinquent/current supervision for delinquency.  JPO Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO Has the youth been court-ordered into CINS service? |
| **STATUS OF YOUTH AT TIME OF CALL** (check one) \_\_\_At home \_\_\_Runaway \_\_\_Throw away \_\_\_Lockout/Homeless \_\_\_Emancipated  \_\_\_DJJ Placement(Delinquency) \_\_\_DCF Placement \_\_\_PFSF Placement \_\_\_\_Juvenile Assessment Center (JAC) \_\_\_Other |

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| ACTION TAKEN: REFUSAL OF SERVICES MUST INVOLVE CONSULTATION WITH A SUPERVISOR A. \_\_\_\_ Accepted for IYPC\_\_\_\_IYPE\_\_\_\_IYPNW\_\_\_\_FAC\_\_\_\_FAE\_\_\_\_FANW\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B. Special Population (if applicable) \_\_\_\_ Domestic Violence Respite\_\_\_\_ Probation Respite \_\_\_\_ Staff Secure  C. \_\_\_\_ Internal referral- Program name/FLN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.\_\_\_\_ External referral- See Ineligible Screening Attachment  **Youth not admitted due to**: E. \_\_\_\_Turned away (no vacant beds) F. \_\_\_\_ Inappropriate Referral for program \_\_\_\_Program unable to meet Youth’s needs\_\_\_\_ Parents Refuse to Cooperate \_\_\_\_Youth Refuses to Cooperate \_\_\_\_Medical Condition\_\_\_\_ Other **ScreeningComments**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SCREENING/REFERRAL FORM - CINS/FINS - page 2

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| PARTICIPANT INFORMATION | | | | |
| Nickname/Preferred name: | | | | Sex: Male Female |
| Place of Birth: | | | | Dateof Birth: |
| Citizenship: (check one) \_\_U.S. \_\_alien status \_\_legal application filed \_\_other | | | | Race: |
| **SS#** | | | County of Residence: | |
| Address of youth:Street City | | | | |
| State Zip | | | Phone # | |
| Living status of youth for last 6 months: (circle one) At home Runaway Relative Other: | | | | |
| School: | | | | |
| Current Grade: | Current Status: (circle one) attending truant suspended: (return date)- | | | |
| Please describe any health issues:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Do you have reason to believe your daughter may be pregnant: Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_ | | | | |
| Medication name/ amount/dose | | REASON FOR MEDICATION (note Rx will be needed for OTC medications) | | |
|  | | YES NO taken as prescribed | | |
|  | | YES NO taken as prescribed | | |
|  | | YES NO taken as prescribed | | |
|  | | YES NO taken as prescribed | | |
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| RISK SCREENING | | | | | | | | |
| YES | | NO | Have there been any recent suicidal/homicidal threats or gestures? | | | | | |
| YES | | NO | Was the youth Baker Acted? How many times in the last 12 months? | | | | | |
| **IF EITHER QUESTION ABOVE IS ANSWERED “YES” please explain** | | | | | | | | |
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| YES | NO | | Was abuse registry called? | YES | NO | Report accepted? | Taken by: | Report # |

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| PARENT/GUARDIAN INFORMATION | | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Emergency contacts are used when unable to reach the parent/guardian in an emergency. The first attempt is to the guardian. | | | |
| Used when we are unable to reach the parent/guardian in an emergency. The first attempt is to the guardian. | | | |
| Name: | | | Relationship to youth: |
| Phone #: ( ) | | | Phone location: |
| Address: City/State: | | | |
| Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |