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| SCREENING/REFERRAL FORM - CINS/FINS Interface Youth 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)- | | | |
| Doctors Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 | | |
| Does the youth use any injectable medications? No\_\_\_\_ Yes\_\_\_\_ Interface does not admit youth using injectable medications | | | | |

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| EMERGENCY CONTACTS | | | |
| 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: | | | |

## SCREENING/REFERRAL FORM - CINS/FINS - page 3

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#### INFORMATION FOR PARENT/GUARDIAN

Our counselors will work with your family to complete an assessment and develop a case plan. The assessment process will occur during the first three days of service. You are encouraged to participate in the full delivery of services. Your youth may receive up to 35 days of temporary residential care. We realize this can be a stressful and frustrating time for you and your family. If you have any questions and/or concerns please feel free to contact the program at any time to resolve your concerns. Our staff includes a variety of professionals to assist you. Please let us know when and how we can best help you resolve your concerns and ensure success for your family.

**INFORMATION CHECKLIST** (check each item that was discussed with the parent/guardian)

Interface is a program of the CDS Family & Behavioral Health Services, Inc., which is a nonprofit agency receiving funding primarily from federal and state governmental sources and local programs. Program services are provided at no direct cost to you and your family. We view your participation as your payment for services. During the intake and assessment process we need to obtain information from you to ensure that we may continue to provide these services.

*Parents should bring the following information:*

* Date of birth, social security number and green cards (for non-citizens) for each member of the household.
* Information on parents not in the home: name, address, phone #’s, employment information, DOB, SS#.
* Statements of custody/guardianship (custody judgments, power of attorney, etc.)
* Health and medical history/ information related to youth.
* School information: enrollment, transportation arrangements, and assignments.
* Change of clothes for 5 days, appropriate for the season, and meeting dress code requirements.
* Personal hygiene items: comb/brush, toothbrush/paste, deodorant, any other personal hygiene items.
* Medication: must be in the original container with a legible pharmacy label including the name of the medication, youth’s name, when the medication is to be taken and in what amount. All over the counter medication must have a prescription. Staff is not allowed to cut pills in half, Parents/Guardians must contact the pharmacy to have pills pre-cut when applicable.

*You should not bring/ allow:*

* Any valuables, ex. Jewelry, expensive clothing, electronic devices.
* Any food or snack items.
* Linens, bed coverings and towels.

*You should know:*

* Interface is a voluntary placement for your youth.
* We will provide verbal intervention if your youth gives indications of leaving against the counseling plan.
* We will not engage in any form of physical restraint to prevent your youth from leaving the program.
* We will contact law enforcement and file a runaway report if your youth chooses to leave after the verbal intervention, you will also be notified.

*Intake process:*

* Will require ½ hour of your time, please schedule an intake time convenient for you to complete this process. It is critical we have your signature giving consent for services at the time of the intake.

#### SUPERVISORS REVIEW

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**REFUSAL OF SERVICES MUST INVOLVE CONSULTATION WITH SUPERVISORS**

Document the process/ status of the screening and referrals made when a participant is not scheduled to receive services at this site.