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| SCREENING/REFERRAL FORM - CINS/FINSSNAP Stop Now and PlanCDS 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 \_\_\_\_ OtherWho 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. OtherName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CDS STAFF RECORDING INFORMATIONName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_AM/PM Length of Contact:\_\_\_\_ minutesSite: IYPC\_\_\_\_IYPE\_\_\_\_IYPNW\_\_\_\_FAC\_\_\_\_FAE\_\_\_\_FANW\_\_\_\_ SNAP\_\_\_\_\_\_ 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\_\_\_\_ SNAP\_\_\_\_ 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** |
|   |
| 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: \_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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: \_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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: |

Supervisor Review: Date:  |