

Attachment D:

**CHILDREN'S SERVICES REFERRAL APPLICATION
(formally known as Universal Application Form)**

Date of Referral: _____ Date Placement or Service Needed: _____

Reason for Referral/Statement of Need (Explain client's problems and needs, and include an estimate of the severity of the client situation. Attach additional page as necessary):

Requested Service or Placement:

CLIENT INFORMATION

Client Name: _____ AKA/Nickname: _____

SSN (last four digits): xx-_____ Medicaid Number: _____ Age: _____

Birthdate: _____ Gender: _____ Height: _____ Weight: _____

County of Legal Residence/Custody: _____ US Citizen? ___ Legal Immigrant? ___

Current Placement/Location: _____ LOC: _____

PARENT/GUARDIAN/RESPONSIBLE PARTY

Name: _____ Relationship to Client: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

REFERRING PARTY

Agency & Office: _____ Caseworker: _____

Telephone: _____ Fax: _____ E-mail: _____

Address: _____

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CHILDREN'S SERVICES REFERRAL APPLICATION

Client Name:

Other Involved Agencies: _____

CLIENT STRENGTHS

- Strengths:** (Check all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Strong Family Support | <input type="checkbox"/> Other Personal Support | <input type="checkbox"/> On Grade-Level |
| <input type="checkbox"/> Appropriate Reading Level | <input type="checkbox"/> Average/Above IQ | <input type="checkbox"/> Good Verbal Skills |
| <input type="checkbox"/> Resiliency/Coping Skills | <input type="checkbox"/> Good Socialization Skills | <input type="checkbox"/> Good Personal Hygiene |
| <input type="checkbox"/> Interests _____ | <input type="checkbox"/> Interests _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Religious Affiliation/Preference _____ | | |

CLIENT PROBLEMS (Check all that apply, indicating whether a problem is **Current (C)**, within the last three months, or in the **Past (P)**, and the **frequency or severity rating (SR)** of the issue – **1 = Not too frequent or serious; 2 = moderately frequent or serious; 3 = very frequent and/or severe.** You must describe or explain all items checked, in the space below the chart.):

C	P		SR	C	P		SR
<input type="checkbox"/>	<input type="checkbox"/>	Abandonment/Attachment Issues		<input type="checkbox"/>	<input type="checkbox"/>	Aggressive (Physical)	
<input type="checkbox"/>	<input type="checkbox"/>	Aggressive (Verbally)		<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drug Use	
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	Arson/Fire Setting	
<input type="checkbox"/>	<input type="checkbox"/>	Attention Seeking		<input type="checkbox"/>	<input type="checkbox"/>	Chaotic Home Situation	
<input type="checkbox"/>	<input type="checkbox"/>	Delusional		<input type="checkbox"/>	<input type="checkbox"/>	Destroys Property	
<input type="checkbox"/>	<input type="checkbox"/>	Mild Depression/Sadness		<input type="checkbox"/>	<input type="checkbox"/>	Moderate/Severe Depression	
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with Authority		<input type="checkbox"/>	<input type="checkbox"/>	Developmentally Delayed	
<input type="checkbox"/>	<input type="checkbox"/>	Encopresis		<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting	
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder		<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive	
<input type="checkbox"/>	<input type="checkbox"/>	Lies/Not Truthful		<input type="checkbox"/>	<input type="checkbox"/>	Loss/Grief Difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Low Self-Esteem		<input type="checkbox"/>	<input type="checkbox"/>	Oppositional/Defiant	
<input type="checkbox"/>	<input type="checkbox"/>	Phobic Reactions/Behavior		<input type="checkbox"/>	<input type="checkbox"/>	Physical/Medical Conditions (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	Poor Personal Hygiene		<input type="checkbox"/>	<input type="checkbox"/>	Problems with Walking	
<input type="checkbox"/>	<input type="checkbox"/>	Poor Social Skills		<input type="checkbox"/>	<input type="checkbox"/>	Problems at School	
<input type="checkbox"/>	<input type="checkbox"/>	Self-Destructive Behavior		<input type="checkbox"/>	<input type="checkbox"/>	Sexually Inappropriate	
<input type="checkbox"/>	<input type="checkbox"/>	Sibling Related Difficulty		<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Gestures/Attempts	
<input type="checkbox"/>	<input type="checkbox"/>	Steals		<input type="checkbox"/>	<input type="checkbox"/>	Truancy	
<input type="checkbox"/>	<input type="checkbox"/>	Needs Protection from Others		<input type="checkbox"/>	<input type="checkbox"/>	Unruly/Ungovernable	
<input type="checkbox"/>	<input type="checkbox"/>	Aggressive (Sexual)		<input type="checkbox"/>	<input type="checkbox"/>	Poor Coping Skills	
<input type="checkbox"/>	<input type="checkbox"/>	Antisocial/Criminal Behavior		<input type="checkbox"/>	<input type="checkbox"/>	Poor Reality Orientation	
<input type="checkbox"/>	<input type="checkbox"/>	Autism/Autism Spectrum		<input type="checkbox"/>	<input type="checkbox"/>	Running Away	
<input type="checkbox"/>	<input type="checkbox"/>	Cruelty to Animals		<input type="checkbox"/>	<input type="checkbox"/>	Sexually Provocative	
<input type="checkbox"/>	<input type="checkbox"/>	Expelled/Not in School		<input type="checkbox"/>	<input type="checkbox"/>	Adjudicated/Convicted Sexual Offender	
<input type="checkbox"/>	<input type="checkbox"/>	Manic/Mood Swings		<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Ideation	
<input type="checkbox"/>	<input type="checkbox"/>	Enuresis/Bedwetting		<input type="checkbox"/>	<input type="checkbox"/>	Trust Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Functionally Illiterate		<input type="checkbox"/>	<input type="checkbox"/>	Victim of Neglect	
<input type="checkbox"/>	<input type="checkbox"/>	Impulsive		<input type="checkbox"/>	<input type="checkbox"/>	Victim of Physical Abuse/Violence	
<input type="checkbox"/>	<input type="checkbox"/>	Manipulative		<input type="checkbox"/>	<input type="checkbox"/>	Victim of Sexual Abuse	
<input type="checkbox"/>	<input type="checkbox"/>	Parental Neglect Issues		<input type="checkbox"/>	<input type="checkbox"/>	Victim of Emotional Abuse	
<input type="checkbox"/>	<input type="checkbox"/>	Language Limitations		<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair/Adaptive Devices	
<input type="checkbox"/>	<input type="checkbox"/>	Gang Involvement		<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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CHILDREN'S SERVICES REFERRAL APPLICATION
Client Name:

Explanation (attach additional pages as necessary):

Client Name _____

MEDICATIONS (List all **current** medications, dosages, and instructions. Attach additional page if needed):

Medication Name	Dosage	Instructions

Client's Primary Physician:

Phone:

Date of Last: Physical Exam:

Dental Exam:

Eye Exam:

Allergies

Special Dietary Needs:

List any current or prior medical conditions, physical disabilities, adaptive devices, or specialty medical care that a Provider needs to accommodate.

SCHOOL INFORMATION

Official Home School District (where parent/guardian/custodial agency resides):

Is the client currently attending any school? Yes No **If NO**, why not:

Is the client currently functioning on grade level? Yes No Comments:

List last five schools attended, beginning with the current/most recent school:

1.1.1 SCHOOL ATTENDED	DATES		GRADE	COMPLETED?

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CHILDREN'S SERVICES REFERRAL APPLICATION

Client Name _____

Has client ever been classified Special Education? UNKNOWN NO YES

IF YES, primary classification: _____ Secondary Classification: _____

Does client have a current IEP? No Yes IF YES, date:
Does client have a section 504 Accommodation Plan? No Yes IF YES, date:
Is client currently under recommendation for expulsion? No Yes IF YES, Explain below:

Explain any school-related problems or conditions needing to be accommodated:

Attach any additional information or documentation necessary to make an informed placement decision (including CALOCUS/CASII or CBCL when appropriate).