



Referral Form

Referred by: _____ Phone: _____ Date: _____

Child Welfare:	<input type="checkbox"/> Involved (open CW case)	<input type="checkbox"/> In DHS custody
Juvenile Justice:	<input type="checkbox"/> Involved	<input type="checkbox"/> In custody
<input type="checkbox"/> Other Law Enforcement (<i>specify</i>):		
<input type="checkbox"/> Primary Care - If chronic health condition, please specify:		
School System:	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan
	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Inpatient Facility		
<input type="checkbox"/> Other referral:		

Youth Information:

Name: _____ SSN: _____

Date of Birth: _____ Age: _____ Gender: _____ Race/Ethnicity: _____

Medicaid / Member ID: _____ Current Placement: _____

Currently at risk of losing placement: YES NO # of placements: _____

Current Caregiver Information:

Name: _____ Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Risk Factors:

- | | |
|--|---|
| <input type="checkbox"/> Physical aggression toward authority figures, family members, peers | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Attempted suicide or suicidal thoughts | <input type="checkbox"/> History of running away |
| <input type="checkbox"/> History of inpatient psychiatric hospitalization(s) | <input type="checkbox"/> Hallucinations – aural, visual or tactile |
| <input type="checkbox"/> Perpetrator of sexual abuse | <input type="checkbox"/> Involvement in criminal activity |
| <input type="checkbox"/> Victim of sexual abuse | <input type="checkbox"/> Sets fires |
| <input type="checkbox"/> Victim of physical abuse | <input type="checkbox"/> Intentionally hurts others |
| <input type="checkbox"/> Repeated incidents of lying, stealing, property destruction | <input type="checkbox"/> Termination of parental rights |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Behavioral challenges in the classroom/at school |

Please send referrals to:
children.services@creoks.org

Is Psychological testing being requested: YES NO