



## Universal Referral for Residential Services

This referral form is being used as part of a pilot project of the Safe and Sound Task Force. This referral is not intended to be used to make acceptance determinations; the purpose of this document is to assist the locality in efficiently providing an overview of the youth's needs and assisting the provider in expediently considering if they can serve the youth. Additional information may be needed to determine acceptance or admission to the program. Use of this form is not mandatory. **Localities:** Submit this referral to the provider for their review. **Providers:** This document is to be used to assist you in considering if you can serve the youth and is not intended to be solely relied upon to make a final determination of acceptance or admission.

Residential Levels of Care	
Children's Residential Facility <a href="#">Link to VDSS CRF Licensed Provider Search</a>	Psychiatric Residential Treatment Facility <a href="#">Link to DBHDS PRTF Licensed Provider Search</a>

### **Section 1: Primary Information**

Where is the youth currently residing? Choose an item. If other, please explain:

Date the youth began residing in current placement/location? Click or tap to enter a date.

Is the youth currently in a hotel, office, or other temporary accommodation? Choose an item.

If other, please explain:

If yes (to currently being in a hotel, office, or other temporary location), where was the youth previously living?

Choose an item.

If other, please explain:

When is placement needed (state a date using MO/DAY/YEAR)?

Check here only if referral is urgent (e.g. placement needed within next 24-48 hours)

### **Section 2: General**

Date Click or tap to enter a date.

Name (Legal First, Middle, Last and also preferred name/nickname)

DOB/Age Click or tap to enter a date.

Sex Choose an item.

Gender Identification (write in)

Locality (drop down) Choose an item.

Name, role, and contact information (phone number, email) for person completing referral:

### **Section 3: Current Issues/Medical/Behavioral**

Provide a concise (2-3 sentences) description of the current (past 30 days) issues, needs/strengths, or challenges the youth has.



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Check the box to indicate that the youth has demonstrated any of the following high-risk behaviors in the past 30 days:

- Suicide attempt. *Brief comments (1-2 sentences) if you want to explain.*
- Repeated serious self-injury leading to need for medical care (i.e. Swallowing object, self-cutting needing stitches/wound care, head-banging, etc.), *Brief comments (1-2 sentences) if you want to explain*
- Serious physical aggression towards another person or animal, *Brief comments(1-2 sentences) if you want to explain*
- Sexually inappropriate behavior. *Brief comments (1-2 sentences) if you want to explain*
- Elopement. *Brief comments (1-2 sentences) if you want to explain*
- Fire-setting that could reasonably be considered intentional and caused damage/harm to person or property. *Brief comments (1-2 sentences) if you want to explain*

Does the youth currently require assistance with Activities of Daily Living (i.e. assistance with toileting, daily hygiene, walking, eating, getting in and out of bed or chair, showering or dressing)? *Choose an item. Please explain:*

Does the youth have any medical conditions that require daily assistance (i.e.. Insulin administration, wound care, tubes/lines, frequent seizures or poorly controlled seizures)? *Choose an item. Please explain:*

Does the youth require use of any medical devices/assistive equipment (i.e., walker/crutches, wheelchair, communication/assistive communication devices, etc.)? *Choose an item. Please explain:*

Primary Diagnoses, if known

Current medications

Is youth pregnant? (Drop down) *Choose an item. If yes, due date if known. Click or tap to enter a date.*

Provide a concise (1-2 sentences) description of discharge plan, if known

### **Section 4: Family/Social**

Provide a concise (no more than 1 sentence) description of family/foster care engagement (i.e. who has legal rights/custody, family involvement, if known, etc.)

### **Section 5: Court-Involvement**

Does the youth have involvement with the Juvenile & Domestic Relations Court (other than foster care proceedings)? If so, please specify using the drop down: *Choose an item.*

If "other" or additional comments needed, please explain:

Is the youth currently supervised by a Court Service Unit (e.g. probation, diversion)? Please specify using the drop down. *Choose an item.*

### **Section 6: Education**

Youth's Grade Level (write in)

IEP Plan (drop down): *Choose an item.* If yes, Disability Category

Current Full Scale IQ, if available:

END