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| **Youth Referral Form – Face Sheet** | | | | | | | | | | | | | |
| **Youth’s Demographics** | | | | | | | | | | | | | |
| SACWIS ID #: | | | | | Youth’s First Name:  Preferred Name: | | | | Youth’s Last Name: | | | | |
| Date of Birth: | Gender: | | Pronouns: | | Race: *(check ALL that apply)* | | | | | |  | Origin/Ethnicity (any race): | |
| Date of first referral to state or county agency: | Male  Female  Non-Binary |  | she/her  he/him  they/them  unknown | | White  Black  Amer. Indian/ Alaska Native | | Asian  Native Hawaiian / Pacific Islander  Other *(please specify):* | | | | |  | Hispanic / Latino  Non-Hispanic / Latino |
| Family Abuse and Neglect History: (if lengthy, please attach a chronological history of reports, disposition, removals, and types of abuse/neglect): | | | | | | | | | | | | | |
| **Youth’s Placement and Characteristics** | | | | | | | | | | | | | |
| Why did the youth enter agency custody? | | | | | | | | | | | | | |
| Date of first entry into agency custody: | | | | County: | | | | Number of total years in agency custody (across multiple episodes): | | | | | |
| Date of most recent entry into agency custody: | | | | Number of entries into agency custody: | | | | Has siblings in agency custody:  Yes  No | | | | Lives with at least one sibling:  Yes  No | |
| Number of placements  (across multiple episodes): | | | | Number of moves since most recent agency custody admission: | | | | ICPC (Interstate Compact on the Placement of Children)?  Yes  No  If yes, explain: | | | | | |
| Reason(s) for most recent entry into agency custody *(check ALL that apply):*  Physical abuse  Physical neglect  Sexual abuse  Emotional maltreatment  Youth emotional/behavioral problems  Other (specify:      ) | | | | | | Current Risk Factors *(check ALL that apply):*  Criminal History  Substance Abuse  Domestic Violence  Mental Health Issues  Income Issues/Housing  Serial Relationships  Ethnic/Cultural Issues  Medical Issues | | | | Youth’s Characteristics *(check ALL that apply):*  DSM-IV Diagnoses and/or Codes  Other Emotional Disability  Other Behavioral Issues  Developmental Disabilities  Medical Issues  Physical Disabilities | | | |

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| **Youth’s Placement and Characteristics** *(continued)* | | | | | | | | | |
| Has youth ever been placed with a relative? | | | Yes ® # of times:  No ® Why not? | | If yes, who and when? | | | | |
| Has youth ever had a pre-adoptive placement? | | | Yes ® # of times:  No ® why not? | | | | | | |
| Has youth ever experienced a disruption in placement? | | | Yes ® # of times:  No | | If yes, reason for most recent disruption: | | | | |
| Has youth ever experienced an adoption disruption? | | | Yes ® # of times:  No | | If yes, explain: | | | | |
| Current living situation & date of placement: | | |  | |  | | | | |
| **Youth’s and Family Assessments** *(Print or scan most recent recommendations and attach to this Case Summary form.)* | | | | | | | | | |
| Date of most recent Individualized Service Plan (ISP) or Case Plan: | | Date of most recent Comprehensive Behavioral Health Plan (CBHB) or Comprehensive Assessment (CFA): | | | | | | Date of most recent Psychological Evaluation: | |
| **Case Manager** | | | | | | | | | |
| Current Case Manager Name: | | Current Case Manager Phone #: | | | | | Supervisor Name: | | |
| **Case Manager Summary Referral** | | | | | | | | | |
| **Additional Information about the Youth:** *(Describe)* | | | | | | | | | |
| Youth’s strengths, available supports; positives in youth’s life: | | | | | | | | | |
| Youth’s religious and cultural background and/or connections: | | | | | | | | | |
| Please rate/comment on the youth’s ***engagement*** (i.e., attendance, participation) in case planning, family team meetings, visitation, etc.: | | | | | | | | | |
| Very engaged | Somewhat engaged | | | Not very engaged | | Not at all engaged | | |  |
| ***Comments***: | | | | | | | | | |

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| **Permanency Factors** | | | | | | | |
| **Current Caregiver/Household** | | | | | | | |
| Have the youth’s current caregivers ever been asked to be a permanent resource (that is, a person willing to care for the youth on a more permanent basis)? | | | | Yes  No ® If no, explain: | | | |
| Are the youth’s current caregivers interested in being a permanent resource? | | | | Yes  No ® If no, explain:  Don’t know | | | |
| **Youth’s Connections** | | | | | | | |
| Name | Relationship to Youth | Quality of Relationship  Good Fair Poor | Is relationship, or lack thereof, a barrier to Permanency? | | Already explored and excluded? | Date contacted, if applicable | Outcome/Comments |
|  |  |  | Yes | | No |  |  |
|  |  |  | Yes | | No |  |  |
|  |  |  | Yes | | No |  |  |
|  |  |  | Yes | | No |  |  |
| **Barriers** | | | | | | | |
| What do you believe to be the primary barriers to Permanency for this youth? | | | | | | | |
| Describe any agency/policy factors that affect progress towards Permanency for the youth. Explain: | | | | | | | |
| Describe any court factors that affect progress towards Permanency for the youth. Explain: | | | | | | | |
| **Additional Information** | | | | | | | |
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| **Case Expectations** | | | | | | | |
| What is the youth’s vision of Permanency? | | | | | | | |
| What is the youth’s primary caregiver’s vision for Permanency? | | | | | | | |
| What do you think is the best possible – but realistic – Permanency outcome for this youth in the next six months? | | | | | | | |
| What supports would you as the case manager need to help the youth achieve that Permanency outcome in the next six months? | | | | | | | |
| What is the current Permanency plan?  **Primary:**  Adoption  Reunification  Legal Custody  **Concurrent:**  Adoption  Reunification  Legal Custody | | | | | | | |
| **Additional Background** | | | | | | | |
| Please summarize any background, history, or other additional information (IE: context to risk factors/ youth characteristics checked above) that you feel is relevant to the Permanency case consultation that is not reflected elsewhere on this form: | | | | | | | |