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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 / LatinoNon-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 RelationshipGood 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** |
|       |
| **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:       |