With Friends Youth Shelter Referral Worksheet

Emergency Shelter ☐ Transitional Living Program ☐ Today's Date: ____/____/____ Time: ____:____ AM ☐ PM ☐

General Information

Client's Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ Sex: Male ☐ Female ☐ County: _____
Parent/Legal Guardian: _____ Phone: _____Cell: _____
Parent/Legal Guardian: _____ Phone: _____Cell: _____
Email: _____
Referring Agency: _____ Phone: _____Cell: _____
Email: _____
DSS Social Worker: _____ Phone: _____Cell: _____
Email: _____
DJJ Case Worker: _____ Phone: _____Cell: _____
Email: _____

Medical Information

Does client have health insurance? Yes ☐ No ☐ If yes, type: _____
Is client on medication? Yes ☐ No ☐ If yes, list: _____
If no, previously on medications? Yes ☐ No ☐ If yes, list: _____
Does the client have problems taking the medication? Yes ☐ No ☐ If yes, why: _____
Does the client have any diagnosis? (ADHD, ADD, ODD, PTSD, Autistic, Asperger, Mild MR, MR, etc.) Yes ☐ No ☐
If yes, list: _____
Psychologist/Therapist/Counselor: _____ Phone: _____Cell: _____
Does the client have any allergies to general items, food, or medication? Yes ☐ No ☐
If yes, list: _____
Does the client have any medical conditions? (Diabetes, Epileptic Seizures, Communicable Diseases, etc.) Yes ☐ No ☐
If yes, list: _____

Education Information

Is the client enrolled in school? Yes ☐ No ☐ If yes: Elementary ☐ Middle ☐ High ☐ GED ☐ College ☐
Name of the school: _____ Grade: _____
If no, please explain: _____
Is the client currently suspended or expelled? Yes ☐ No ☐
If yes, please explain: _____
Is the client having issues at school? Yes ☐ No ☐
If yes, please explain: _____

Program Information

Is the client court involved? (DSS/DJJ)	Yes ☐	No ☐
Is the family homeless or doubled-up?	Yes ☐	No ☐
Is the client RHY? (Runaway, Homeless, Doubled-up, Throwaway)	Yes ☐	No ☐
Is the client gang affiliated?	Yes ☐	No ☐
Does the client have a history of drugs or alcohol use?	Yes ☐	No ☐
Does the client have a history of violent or assaultive behavior?	Yes ☐	No ☐
Does the client have a history of criminal offenses/delinquency?	Yes ☐	No ☐
Does the client have a history of sexual assault or misconduct?	Yes ☐	No ☐
Has the client ever been placed outside of the home?	Yes ☐	No ☐

Client Documentation

Birth Certificate	☐
Court Orders	☐
Social Security Card	☐
Insurance Card	☐
Shot Records	☐
Medical Records	☐
State ID/License	☐
HSD/GED	☐
Employed	☐

Reason for referral: _____
_____
_____
_____

Review Needed ☐ Date: _____ Outcome: _____ Employee INT: ____
Review Needed ☐ Date: _____ Outcome: _____ Employee INT: ____
Accepted ☐ Denied ☐ If denied, why: _____
Bed Available? Yes ☐ No ☐ Intake Appointment ☐ Waiting List ☐ Date: _____ Time: ____:____ AM ☐ PM ☐