

# MULTI-SYSTEM YOUTH REFERRAL FORM

## Early Childhood Cluster Or I-Team

Date: \_\_\_\_\_ Name of Youth \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Referring Person/Agency: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Legal Custodian (if different from parents) \_\_\_\_\_

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Siblings	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Does the child have an IEP?    \_\_\_Yes    \_\_\_No





9. Discuss any substance abuse or treatment of the child:

10. If the child is in placement please list the address and the date of placement:

11. Safety concerns:

**System Involvement**

**Child Protective Services** \_\_\_\_\_ Caseworker \_\_\_\_\_

**Juvenile Court** \_\_\_\_\_ Probation Officer \_\_\_\_\_

Charges, outcome and dates: \_\_\_\_\_

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**MRDD** \_\_\_\_\_

Has the COEDI/OEDO been administered? \_\_\_\_\_

Individual Support Coordinator's Name: \_\_\_\_\_

**Mental Health**

Please list the name and agency of current therapist

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Questions regarding Parents:

1. Please discuss any substance abuse/treatment

2. Discuss any mental health problems and/or services

3. Any domestic violence in the present or past

4. Is there any criminal history? If yes, please describe.

**Financial Statement**

Annual gross income from mother \_\_\_\_\_

Annual gross income from father \_\_\_\_\_

Other Income (For example, adoption subsidy, retirement, child support, SS, SSI or other)

\_\_\_\_\_

\_\_\_\_\_

Total Monthly Income \_\_\_\_\_