



Community Teaching Homes ♦ PO Box 400, Holland, Ohio 43528
(419) 868-1178 fax (419) 868-1989 cthbh@CTH-Homes.org

STEPS TO MAKING A REFERRAL . . . PLACEMENT OR OUTPATIENT ONLY

1. Referrals may be made for all services including foster and group home placement and outpatient assessment, individual and group counseling by:

Phone (419) 868-1178 or any of the CTH Teaching Parents directly

Fax (419) 868-1989

Email NMHarvey@CT-Homes.org or cthbh@CT-Homes.org

Mail P.O. Box 400, Holland, Ohio 43528

2. Referrals for **Placement**, complete attached *Referral/Intake Form* and return via fax or mail and please include as applicable:

Social History

School Record, recent IEP

Assessments and Psychological Evaluations

Court Records, Police Reports

3. Timely response to referrals to determine admission eligibility
4. Scheduling pre-placement visits or intake appointment

YOUTH ACCEPTED. . . .

CTH is committed to providing services based on the individual needs and strengths of each child. CTH serves both male and female children and adolescents under the age of 21 who may....

- Have been physically, emotionally or sexually abused or neglected
- Have moderate to severe emotional and/or behavioral issues.
- Are at risk for juvenile delinquency, have a juvenile court history
- Have special education needs
- Have developmental delays
- Are sexually reactive, sexually aggressive and/or offenders
- In need of diagnostic, group or individual counseling services



REFERRAL / INTAKE FORM

Youth Last Name: _____ First _____ Middle: _____

Sex ___M ___F SS# _____ Religion _____ FACSIS# _____

Date of Birth _____ Place of Birth _____

Race White Black/African Am Native Am Asian Alaskan Native Native Hawaiian
 Multiple Race Unknown

Ethnicity Puerto Rican Mexican Cuban Oth Hispanic Not Hispanic / Latino Don't Know

WT _____ HT _____ Hair Color- _____ Eyes- _____

Significant features _____

♦ PLACEMENT

Placing Agency _____ Ph _____

Address _____ Fax _____

City State Zip _____

Case Manager _____ Ph _____

Address _____ Fax _____

City State Zip _____ email _____

Probation/Parole _____ Ph _____

Address _____ Fax _____

City State Zip _____ email _____

Oth Professional _____ Ph _____

Address _____ Fax _____

City State Zip _____ email _____

Custodian relationship to child- parent State agency Other _____

Placement at time of referral to CTH- Adoptive AWOL Detention DYS Family Foster
 Group Home Institution Parents Psych Hosp Residential Agency Name _____

Primary reason for placement _____

Projected length of stay- 6-12 months 12-18 18-24 over-24 N/A

Most probable plan after Program Completion
 Return home Less Restrictive Adoptive home Indep living Other _____

Legal Status of Youth

Times in Detention _____ List any pending charges _____

♦ MEDICAL Records up to date Yes No

Coverage Through _____

Current Health Problems _____

Current Medications _____

Date of Last Physical Exam _____ Dr. Name/Add _____

Date of Last Eye Exam _____ Dr. Name/Add _____

Date of Last Dental Exam _____ Dr. Name/Add _____

◆ PERSONAL AND FAMILY HISTORY

Parent(s) _____ Relationship _____

Address _____ Phone _____

Employment _____

Parent(s) _____ Relationship _____

Address _____ Phone _____

Employment _____

Siblings _____

Oth Relatives _____ Phone _____

Family Visitation Yes No If yes, handled in this way _____

Age of client when first removed from home ____ Was client adopted Yes No

Last Family Type/Structure (excluding foster home placements)

- ____ Bio Mother
- ____ Bio Father
- ____ Two parent, biological
- ____ Two parent, adopt
- ____ Bio Father w/ Step Mom
- ____ Bio Mother w/ Step Father
- ____ Other Relative, _____
- ____ Other, specify, _____

Family Behavior Affecting Child

No History Yes Don't Know

- a. Bio mother mental health problems
- b. Bio father mental health problems
- c. Bio mother drug/alcohol problems
- d. Bio father drug/alcohol problems
- e. Domestic violence bio mother
- f. Domestic violence bio father
- g. Bio mother criminality
- h. Bio father criminality
- i. Bio mother DH/SBH/LD
- j. Bio father DH/SBH/LD
- k. Bio mother perpetrator of phys child abuse
- l. Bio father perpetrator of phys child abuse
- m. Bio mother perpetrator/sexual child abuse
- n. Bio father perpetrator/sexual child abuse

◆ EDUCATIONAL

School at Referral _____ Grade _____

Type Classes Reg ED LD DH MR Other _____

Current IEP? Yes No

Youth at appropriate education level? Yes No, 1 year or less behind 2 years or more behind

____ Full Scale IQ ____ Performance ____ Verbal

Suspension Yes No If yes, how many times? _____ Expulsion Yes No

◆ CHARACTERISTICS Check if applicable:

- | | | |
|---|--|--|
| <input type="checkbox"/> Follows Instructions | <input type="checkbox"/> Accepts Criticism | <input type="checkbox"/> Accepts Responsibility |
| <input type="checkbox"/> Helpful To Others | <input type="checkbox"/> Controls Emotion | <input type="checkbox"/> On Time |
| <input type="checkbox"/> Good Hygiene | <input type="checkbox"/> Gives Eye Contact | <input type="checkbox"/> Gets Along With Peers |
| <input type="checkbox"/> A - C Student | <input type="checkbox"/> Reports Whereabouts | <input type="checkbox"/> Gets Along With Adults |
| <input type="checkbox"/> Stays On Task | <input type="checkbox"/> Attends School | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Respects Property | <input type="checkbox"/> Expresses Apologies | <input type="checkbox"/> Cooperative With Family |

◆ REFERRAL REASONS

ADJUDICATED OFFENSES

- | | | |
|---|--|---|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Safe School Ordinance |
| <input type="checkbox"/> Assault | <input type="checkbox"/> GSI | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> B&E | <input type="checkbox"/> Menacing | <input type="checkbox"/> Solicitation |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Molestation | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Concealed Weapon | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Unauthorized Use |
| <input type="checkbox"/> Criminal Damage | <input type="checkbox"/> Rape | <input type="checkbox"/> Unruly |
| <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Receiving Stolen Property | <input type="checkbox"/> Other adjud. offense _____ |

DSM IV PSYCHIATRIC DIAGNOSIS AT ADMISSION

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Borderline Personality Dis | <input type="checkbox"/> Mood |
| <input type="checkbox"/> Adjustment disorder | <input type="checkbox"/> Conduct disorder | <input type="checkbox"/> MR |
| <input type="checkbox"/> Alcohol Dependence | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Antisocial Personality | <input type="checkbox"/> Disruptive Beh Disorder | <input type="checkbox"/> Oppositional Defiant |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Dysthymic | <input type="checkbox"/> Post Traumatic Stress |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Hyper | <input type="checkbox"/> Psychotic Disorder |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Intermittent Explosive | <input type="checkbox"/> Schizophrenia |
| | | <input type="checkbox"/> Other DSM _____ |

PRESENTING PROBLEMS

- | | | |
|--|--|---|
| <input type="checkbox"/> adopted child | <input type="checkbox"/> Exceptional Needs | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> aggression | <input type="checkbox"/> eating disorder | <input type="checkbox"/> on medication |
| <input type="checkbox"/> aggression/dd | <input type="checkbox"/> encopretic | <input type="checkbox"/> on probation |
| <input type="checkbox"/> alcohol | <input type="checkbox"/> enuresis | <input type="checkbox"/> physical abuse victim |
| <input type="checkbox"/> anger management | <input type="checkbox"/> excessive abuse history | <input type="checkbox"/> reunification |
| <input type="checkbox"/> animal cruelty | <input type="checkbox"/> failing school | <input type="checkbox"/> runaway |
| <input type="checkbox"/> attachment disorder | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> self injurious |
| <input type="checkbox"/> defiant | <input type="checkbox"/> firesetter | <input type="checkbox"/> sex abuse victim |
| <input type="checkbox"/> deny | <input type="checkbox"/> gang involvement | <input type="checkbox"/> sleeping problems |
| <input type="checkbox"/> depression | <input type="checkbox"/> homicidal ideation | <input type="checkbox"/> speech impediment |
| <input type="checkbox"/> destructive | <input type="checkbox"/> inappropriate sexual behavior | <input type="checkbox"/> steals |
| <input type="checkbox"/> developmentally delayed | <input type="checkbox"/> in sex offender counseling | <input type="checkbox"/> suicidal |
| <input type="checkbox"/> disrupted adoption | <input type="checkbox"/> MR | <input type="checkbox"/> tantrums |
| <input type="checkbox"/> drugs | <input type="checkbox"/> more than 5 placements | <input type="checkbox"/> threatens |
| <input type="checkbox"/> DYS stay of commitment | <input type="checkbox"/> no family contact | <input type="checkbox"/> truancy |
| | <input type="checkbox"/> non-adjudicated sex offender | <input type="checkbox"/> adjudicated sex offender |
| | | <input type="checkbox"/> withdrawn |

SEX OFFENDER CLASSIFICATION- MUST BE CHECKED IF YOUTH HAS BEEN CLASSIFIED

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Tier III | <input type="checkbox"/> Tier I/ Registrant |
| <input type="checkbox"/> Tier II | <input type="checkbox"/> Currently being assessed for classification |

Submitted by _____ Title _____ Date _____

Phone _____ Fax _____ email _____

(To be completed by CTH, if youth placed)

Transported to CTH home at placement by _____ Title _____

ADAPTED FROM G.RYAN @ NAPN 1992