

# Christian Children's Home of Ohio

Bringing healing to hurting children and families . . . in His name.

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## CHILDREN'S RESIDENTIAL REFERRAL APPLICATION

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ F \_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Placement: \_\_\_\_\_ Since: \_\_\_\_\_

Parent's Home \_\_\_ Relative's Home \_\_\_ Foster Home \_\_\_ Residential Facility \_\_\_ Hospital \_\_\_

Name of Legal Custodian: \_\_\_\_\_ Relation to the Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason For Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication	Dosage	Prescribing Doctor

Please list past psychotropic medication prescribed and reason for discontinuation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Psychological Evaluation: \_\_\_\_\_

IQ: FS \_\_\_\_\_

PS \_\_\_\_\_

VS \_\_\_\_\_

**Family Information**

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

List Child's Siblings (Name, gender, date of birth): \_\_\_\_\_

**Emotional & Behavioral Health Information**

Is the child adopted? Yes \_\_\_ No \_\_\_

If so, when was the adoption finalized? \_\_\_\_\_

Was the adoption a private adoption or an agency adoption? \_\_\_\_\_

**Abuse and Neglect History**

Sexually abused? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Physically abused? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Emotionally abused? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Neglected? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

If the child has been mistreated, to which county was mistreatment reported? \_\_\_\_\_

Were these reports investigated? Yes \_\_\_ No \_\_\_ (If so, please attach the investigation finding).

**Behavioral Functioning**

To what degree has the child engaged in the following behaviors? (Please check the appropriate box)

1=Never	2=Rarely (1-2x)	3=Sometimes	4=Regularly	5=Very Often
		1 - 2 - 3 - 4 - 5		1 - 2 - 3 - 4 - 5
Sexual Offending	_ _ _ _	_ _ _ _	Court Involvement	_ _ _ _
Fire Setting	_ _ _ _	_ _ _ _	Physical Violence w/weapon-adults	_ _ _ _
Physical Violence w/weapon-kids	_ _ _ _	_ _ _ _	Physical Aggression-adults	_ _ _ _
Physical aggression-kids	_ _ _ _	_ _ _ _	Suicidal Thoughts	_ _ _ _
Openness to Parents	_ _ _ _	_ _ _ _	Suicidal Threats	_ _ _ _
Openness to Peers	_ _ _ _	_ _ _ _	Openness to Adults	_ _ _ _
Suicidal Attempts	_ _ _ _	_ _ _ _	Drug Use/Abuse	_ _ _ _
Alcohol Use/Abuse	_ _ _ _	_ _ _ _	Running Away	_ _ _ _
Skipping School	_ _ _ _	_ _ _ _	Gang Associations	_ _ _ _
Keeping Friends	_ _ _ _	_ _ _ _		

**Education Information**

Current School: \_\_\_\_\_

Address of School: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_

Educational Status (please check): REG \_\_\_ SBH \_\_\_ SED \_\_\_ LD \_\_\_ DH \_\_\_

Date of Most Recent IEP: \_\_\_\_\_ Date of Most Recent MFE: \_\_\_\_\_

**Misc. Information**

Family tx requested: Yes \_\_\_ No \_\_\_

Legal Status: TC \_\_\_ PC \_\_\_ PPLA \_\_\_ Other \_\_\_

Legal Involvement: \_\_\_\_\_

\_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

**Previous Placement History**

Placement	Date	Length	Services
	Present		

**Spiritual Information**

Religious Affiliation: \_\_\_\_\_

Church Attended: \_\_\_\_\_

Please list all Insurance coverage available for client (Private Insurance, Medicaid, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Referral Application Completed By

\_\_\_\_\_  
Date