CHILDREN RESIDENTIAL REFERRAL APPLICATION

The following information will help us to obtain a better understanding of your child as quickly as possible. Please complete it to the best of your ability, do not worry if you are unable to answer some of the questions. For responses requiring additional space, please use separate sheet of paper. Thank you very much for your effort.

Child's full name:			Today's date:	
			DOB:	Age:
Current grade:	☐ M or ☐ F	Ethnicity:	Phone #:	Fax #:
Child's current address:			Alternative phone #:	
City:			E-mail:	
State:	Zip:		Diagnosis:	
Current placement is: (Please check box) ☐ Parent's home ☐ Relative's home ☐ Foster home ☐ Hospital ☐ Residential facility				
Date that child was placed:			Who has custody of the child?	
Was this child adopted? (Please check box) ☐ Yes ☐ No			Date child was adopted:	
Guardian's Name:			Phone #:	Fax #:
Address:				
City, State, Zip:			E-mail:	
Placing entity (If different then above):			Phone #:	Fax#:
Address:			Emergency phone #:	
City, State, Zip:			Name of County worker:	
Referred by: (If different than above):			Relationship to the child:	
Reason for referral:				

***Please list all medications that child is currently on below:**

Medication	Dosage	How many?	How often?	Prescribing Doctor
Is child Med Compliant? ☐ Yes ☐ No				

Please list any health concerns that CCHO should be aware of:

Please list any discontinued psychotropic medications and why:

FAMILY BACKGROUND INFORMATION: Please list all primary family members (birth/adoptive parents' stepparents, brothers, and sisters).

Check box if individual currently lives in the home with the child:	Name	M or F	Relationship to Child	Occupation/ Education Level	Age	Quality of Relationship
☐						
☐						
☐						
☐						
☐						
☐						
Parent's marital status: (Check box) ☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Other: ________________						

EMOTIONAL & BEHAVIORAL HEALTH INFORMATION:

Is the child Adopted? ☐ Yes ☐ No	If so, when was the adoption finalized?			☐ Private or ☐ Agency?
Abuse and Neglect History	Yes	No	Maybe	If the child has been mistreated, to which county was mistreatment reported?
Sexually abused?				
Physically abused?				Were these reports investigated? ☐ Yes ☐ No (If yes, please attach the investigation finding).
Emotionally abused?				

ACADEMIC HISTORY: Please list the 3 recent schools, beginning with the most recent:

Name of School:		Dates attended	Grade K-12	IEP/MFE ☐ Yes ☐ No If Yes, please attach IEP/ETR.
Address:		Special Needs?		
City, State, Zip:				
Phone:	Fax:		Contact person:	

Name of School:		Dates attended	Grade K-12	IEP/MFE ☐ Yes ☐ No If Yes, please attach IEP/ETR.
Address:		Special Needs?		
City, State, Zip:				
Phone:	Fax:		Contact person:	

Name of School;		Dates attended	Grade K-12	IEP/MFE ☐ Yes ☐ No If Yes, please attach IEP/ETR.
Address:		Special Needs?		
City, State, Zip				
Phone:	Fax:		Contact person:	

HISTORY OF CURRENT PROBLEMS: The current problems developed when the child was approximately at age_______.
At that age, the following difficulties were noted (please list briefly):

1.
2.
3.

Please indicate any events occurring around that time that you believe may be related to the problems noted above:

☐ Death in family	☐ Divorce	☐ Moving	☐ Loss of loved one	☐ Victim of abuses
☐ Other (please describe briefly):				
How has the event(s) affected the child? What change(s) in the child have you noticed? Give examples (academic, social, etc.):				

Overall, how would you describe the changes in this problem over time?

☐ This is a recent and first-time problem for this child.
☐ This is a problem the child has had for awhile, but now it's getting worse.
☐ This is a problem the child has had for awhile, but now it's improving somewhat.
☐ This is a problem the child has had for awhile, and now it is just like it has always been.
☐ This is a problem that comes and goes in cycles.

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

? Unknown	1=Never	2=(Rarely)1-2x	3=Sometimes	4=Regularly	5=Very Often

	?	1	2	3	4	5
Abnormal motor movements, jerks, tics of the face, neck, shoulders, mouth						
Annoys others deliberately						
Arrests						
Argumentative /angry/vindictive behavior						
Binge eating						
Court involvement						
Cruelty to animals or people						
Depressed/irritable/low interest/motivation/boredom/withdrawal from friends						
Difficulty following through on instructions						
Distractibility/Inattentiveness						
Fearful about being separated from you (at school, at night, being left with a sitter)						
Fears that harm will come to you/him/her during your absences (killed, accident)						
Fidgeting						
Fire setting						
Gang associations						
“Habits” that child just cannot seem to help						
History of frequent coughing, throat clearing, stuttering, or unusual noises						
Homicidal/dangerous behaviors or plans						
Impulsivity						
Increases tearfulness or labiality of mood						
Keeping friends						
Loses things easily						
Lying						
Manipulative						
Multiple apparently unfounded medical complaints						
Openness to parents						
Openness to peers						
Openness to adults						
Over activity						
Painfully or excessively shy when with unfamiliar people						
Persistent concern with body shape/weight						
Physical aggression with kids						
Physical violence with weapons-adults						
Physical violence with weapon-kids						
Physical aggression-adults						
Preoccupation with cleanliness, excessive hand washing or peculiar orderliness						
Refuses to comply with reasonable rules						
Running away						
Sexual behaviors						
Sexual abuse to others						
Shifts from one incomplete activity to another						
Sleep or appetite/weight changes						
Soiling/wetting						
Stealing/forgery/breaking & entering						
Suicidal behavior/thoughts						
Suicidal threats/ attempts						
Swears/uses obscene language						
Unpleasant thoughts that go around in head or being afraid of something he might do						
Use of laxatives/diuretics/diet pills						
Verbally aggressive with adults						
Verbally aggressive with kids						

Substance use/abuse: (Check all boxes that apply):

☐ Alcohol	☐ Marijuana	☐ Cocaine	☐ Heroin
☐ Opiates	☐ LSD	☐ Tranquilizers	☐ Hallucinogens

Does the child have issues with (Check all boxes that apply):

☐ Authority	☐ Younger Children	☐ Opposite Sex	☐ Older Children
Please explain:			

Are there any other problems not already mentioned?

What are the **major** problems for which the child is needing residential treatment?

Why is the child being referred to residential treatment now as opposed to some other time?

What do you hope to achieve by placing your child in residential treatment (check all boxes that apply)?

☐ Evaluation	☐ Second opinion	☐ Letter to school/agency	☐ Court ordered evaluation
☐ Medication	☐ Referral for therapy	☐ Independent Living	☐ Shelter Care Program
☐ Pressure to do so by another person or organization, but I'm not sure it is really necessary			
☐ Other:			
Has your child been tested for a learning/behavior disability? ☐ Yes ☐ No		Date of Testing?	
What was the outcome of the testing?			

PREVIOUS PSYCHIATRIC HISTORY OF CHILD: (please check one)

Previous history of psychiatric/psychological drug or alcohol evaluation or treatment: ☐ Yes ☐ No ☐ Unknown

When?	Where?	With whom?	Why?

Hospitalization, partial hospital programs or residential treatment programs: ☐ Yes ☐ No ☐ Unknown

When?	Where?	With whom?	Why?

Please provide any additional assessments or services provided (occupational, psychological, physical therapy, etc.)

When?	Where?	With whom?	Why?	Paperwork Attached
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

History of suicide attempt(s): ☐ Yes ☐ No ☐ Unknown

When	Where?	With whom?	Why?

Medications for psychiatric/emotional problems, now or in the past? ☐ Yes ☐ No ☐ Unknown

Please provide:

Name of Medications	**Dosage**	**Date of Treatment**	**Response or reason for discontinuing**

DEVELOPMENTAL HISTORY:

During Pregnancy

☐ Full term (38-42 weeks)? ☐ Yes ☐ No	☐ Eclampsia/pre-eclampsia ☐ Yes ☐ No
☐ High blood pressure	☐ Swelling
☐ Elevated blood sugar	☐ Urine protein
☐ Alcohol use	☐ Drug use
☐ Other toxic substances to which mother was exposed:	
☐ Medications for the mother? ☐ Yes ☐ No If yes, please specify:	
☐ Other illnesses? ☐ Yes ☐ No If yes, please specify:	

Labor and Delivery

☐ Vaginal delivery?	☐ C-section – emergency?
☐ C-Section – ☐ planned or ☐ repeat?	☐ Forceps used?

Infant's Condition at Birth

Birth weight of child?	Jaundiced? (yellow baby)
Was the child home from the hospital within 3 days after birth?	
Other medical problems after birth?	

First Year of Life

☐ Colicky?	☐ Bond well?

Milestones

Age at walking unassisted?	Age baby spoke first words?
Age baby put 2 or 3 words together?	Age at toilet training?