

# Forest Ridge Youth Services

## Placing Worker Out-of-State Referral Packet

### Mail, Fax or Email to:

Forest Ridge  
c/o Admissions  
PO Box 515  
Estherville, IA 51334  
Admissions: 712-362-5231 press 1  
Fax: 712-362-2433  
FR.Admissions@sequelyouthservices.com

Attach the following documents if available:

- \_\_\_\_\_ Paperwork (from this packet) completed
- \_\_\_\_\_ Psychological or Psychiatric Evaluations
- \_\_\_\_\_ School Records
- \_\_\_\_\_ Discharge Summaries from Previous Placements
- \_\_\_\_\_ Social History
- \_\_\_\_\_ Court Reports
- \_\_\_\_\_ Case Plans

# Forest Ridge Youth Services

## Youth Profile

Name (*first, middle, last*): \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nickname, AKA, Alias: \_\_\_\_\_ SSN: \_\_\_\_\_

Youth Home Address: \_\_\_\_\_  
Address City State Zip

Title XIX or Medicaid #: \_\_\_\_\_ 4-E Eligible? \_\_\_\_\_yes \_\_\_\_\_no

Private Insurance information: \_\_\_\_\_

*(please also attach a copy of current insurance cards/documents)*

## Identifying and Personal Information

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Scars, Birthmarks, Piercings, Tattoos: \_\_\_\_\_

Religion of Youth: \_\_\_\_\_ Religion of Parent/Guardian: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Sexual Preference: \_\_\_\_\_

Cultural or Ethnic Background: \_\_\_\_\_ Comments: \_\_\_\_\_

What is the anticipated discharge plan? Where will she go, who will she live with, etc...

Legal Status: Who has Custody: \_\_\_\_\_

*(agency, state or county)*

Legal Guardian: \_\_\_\_\_

*(name and relationship) – if not parent, MUST have copy of court order designating guardianship*

County of Financial Responsibility: \_\_\_\_\_  
County State

Placing Agency: Juvenile Probation \_\_\_\_\_ Human Services \_\_\_\_\_ Other \_\_\_\_\_

## Placement Worker

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Supervisor of Placement Worker

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Visiting Worker *when applicable*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Supervisor of Visiting Worker *when applicable*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION, WORKER

After working hours, do you want to be notified in the event of a:

Truancy? Yes \_\_\_ No \_\_\_ If yes, how soon after a truancy? \_\_\_\_\_

Medical Emergency? Yes \_\_\_ No \_\_\_ If yes, how soon? \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

If we cannot reach you, whom should we notify? Or, special instructions (on-call phone, leave a message, keep trying to call, etc...)

\_\_\_\_\_

**Family Contacts**

*If any of the listed Family Contacts are going to be communicating with the placed youth, we must have contact information for that individual including phone number(s) and mailing address.*

**Father**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Stepparent(s) *when applicable*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian**, not listed above *when applicable*

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Dependents of Youth**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or Custodian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Child Support Responsibility Details: \_\_\_\_\_

**Family Members** *(not listed previously)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information (phone, address): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information (phone, address): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information (phone, address): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information (phone, address): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information (phone, address): \_\_\_\_\_

**Legal Contacts**

Attorney

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian ad Litem

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Collaborating Workers**

Social or Human Services Worker (not referring/placing)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Juvenile Court Officer (not referring/placing)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Agencies or Personnel Involved

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list who should be contacted for report and treatment plan collaboration, in addition to the placement/visiting worker and the parent/guardian (include contact information –phone, address – if not previously listed):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Additional Legal Information**

**Restitution and Community Service**

Restitution owed \$ \_\_\_\_\_

Recipient name \_\_\_\_\_

Community Service owed \_\_\_\_\_ hours

Owed to: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is the youth eligible for a clothing allowance? \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date began: \_\_\_\_\_

Send bills to: \_\_\_\_\_

Future Court Dates: \_\_\_\_\_

**Medical Data**

Alcohol/Drug History: No \_\_\_\_\_ Use \_\_\_\_\_ Abuse \_\_\_\_\_ Diagnosed Dependency \_\_\_\_\_

Current Meds, Dose, Physician

\_\_\_\_\_ Allergies: \_\_\_\_\_

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

\_\_\_\_\_ Medical Needs: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ Dental Needs: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Dental Exam: \_\_\_\_\_ Eye Exam: \_\_\_\_\_

**School**

Last school attended: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Location of last school (city, state) \_\_\_\_\_

Last attended date: \_\_\_\_\_ Current IEP?: \_\_\_\_\_

Special Education Needs: \_\_\_\_\_

Behavioral Issues at School: \_\_\_\_\_

# Forest Ridge Youth Services

## **Youth Issues and Behavioral Needs Profile**

Please list issues or behaviors \_\_\_\_\_ has engaged in or experienced related to the topics listed. Include dates when the issue is not viewed as a current problem or when related to victim issues.

**Reason for Forest Ridge Placement:**

**Abilities and Strengths:**

*Services*

**Current Placement:**

Current Home Environment or Situation:

Previous Placements or Services:

Willingness of guardian(s) to participate in treatment:

Discharge plan:

*Identity*

Cultural Background:

Languages:

Religion of Student:

Religion of Family:

Sexual Orientation:

Gender Identity:

Pregnancies (list dates):

Physical Vulnerabilities:

Tattoos:

Piercings:

Other:

*Education, Learning, Medical*

Grade Level:

Learning Ability:

ADA Adaptive needs (hearing, vision):

Allergies:

Medical concerns:

Developmental Issues:

Other:

***Behavioral and/or Mental Health, Victim Issues***

Aggression (typical victim or target):

Truancy, Running Away (from where to where):

Self-Harm, Suicide Attempts (context):

Substance Use/Abuse, extent:

Abuse and Trauma History (victim or perpetrator):

Sexual Exploitation History (victim or perpetrator):

Other Risk Taking Behavior:

Ways Youth Handles Intense Emotion (Anger, Grief, Frustration):

Has the youth received treatment or counseling for any of the above?

***Relationships***

Is she a leader or a follower:

Describe her relationships with peers:

Describe her relationships with adults: