

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
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: