

**REFERRAL**

**Lutheran Community Services – Children’s Intensive Services**

**FAX 509-783-2089 PHONE 509-783-2085**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Youth: | | | | Date of Referral: | | | | | | | |
| Parent: | | | | Ethnicity: | | | | | | Date of Birth: | |
| Address: | | | | Gender: | | | | | | Age: | |
| City: | State: | Zip: | | Preferred Language  Youth: | | | | | Parent: | | |
| Family Phone: | | | | Program Requirement  MEDICAID enrolled | | | Provider 1#: | | | | |
| Person Making Referral: | | | | Referral Contact Phone: | | | | | | | |
| Agency or relationship to youth: | | | | | | | | | | | |
| Purpose of Referral: | | | | | | | | | | | |
| List the Agency/Team Members who met with family and agree to referral: | | | | | | | | | | | |
| May we contact the family directly regarding this referral?  If yes, please have ROI on page 2 signed by appropriate individual | | | | | | YES | | | | | NO |
| Youth Status: Lives with: Biological Family  Adopted  Foster Care (Supervised) | | | | | | | | | | | |
| Involved Parents/Guardians/Caregivers | | | | | | | | | | | |
| Name: | | | | Name: | | | | | | | |
| Address: | | | | Address: | | | | | | | |
| City: | | | | State: | | | | | | | |
| Phone: | Phone: |  | | City: | | | | State: | | | Zip: |
| **Legal Guardians** | | | | | | | | | | | |
| Name: | | | | Address: | | | | | | | |
| Phone: | | | | City: | | | | State: | | | Zip: |
| **Siblings** | | | | | | | | | | | |
| Name | | | Age | | Where do they live? | | | | | | |
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| **Strengths/Interests/Resources of Youth and Family** | | | | | | | | | | | |
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| **Current Needs/Concerns of Youth and Family** | | | | | | | | | | | |
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| **Legal Issues Regarding Youth** | | | | | | | | | | | |
| Truancy YES  NO | | Diversion YES  NO | | | | Youth at Risk YES  NO | | | | PO: | |
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| **Education Status of Youth** | | | | | | | | | | | |
| School: | | | Grade: | | | Attendance:  YES  NO | | | Current IEP or 504  YES  NO | | |
| School Concerns: | | | | | | | | | | | |
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| **Diagnosis – including DSM V/ICD-10 codes** | | | | | | | | | | | |
| Primary: | | | | | | | Secondary: | | | | |
| Tertiary: | | | | | | | Quaternary: | | | | |
| As diagnosed by: | | | | | | | | | | | |
| **Medications** | | | | | | | | | | | |
| Is the youth currently taking medication  YES  NO | | | | Prescriber: | | | | | | | Compliant:  YES  NO |
| **Services received in the past 12 months** | | | | | | | | | | | |
| **Therapy/Case Management** TCCH  Lourdes Counseling  Catholic Charities  Other  Provider**:** | | | | | | | | | | | |
| **Hospitalization** | Date: | | | | Location: | | | | | | |
| **Hospitalization** | Date: | | | | Location: | | | | | | |
| **SUD** | Date: | | | | Location: | | | | | | |
| **CPS** | Active YES  NO | | | | Caseworker: | | | | | | |
| **Out of Home Placements** | | | | | | | | | | | |
| Description: | | | | | | | | Date: | | | |
| Description: | | | | | | | | Date: | | | |
| Description: | | | | | | | | Date: | | | |
| **Additional Comments Regarding Youth and Family** | | | | | | | | | | | |
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| I authorize the Release and Exchange of Information to CIS - Lutheran Community Services that is needed for the purpose of referral for the above named person. | | | | | | | | | | | |
| ROI effective date: | | | | | | | Until (60 days if no date) | | | | |
| Signature  Parent/Guardian or Client if over 13 | | | | | | | Date: | | | | |
| This information has been disclosed to you from records the confidentiality of which may be protected by federal or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits you from making any further disclosure of this information, unless disclosure is expressly permitted by 42CFR Part 2, and pursuant to WA State RCW 70.02 and HIPAA.  A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.  This authorization may be revoked at any time by notifying CIS-LCS in writing, except to the extent that action has already been in reliance on it. | | | | | | | | | | | |