CHANGE INC.

Partnership Program for Youth and Family Wellbeing Referral Form

Child Name:		Race:	
Date of Birth:		Age	

Parent/Guardian 1 Name:		Phone Numbers:	
Relationship to child:		Home:	
County:		Cell:	
		Work:	
Address:			

Parent/Guardian 2 Name:		Phone Numbers:	
Relationship to child:		Home:	
County:		Cell:	
		Work:	
Address:			

Is the child in the custody or guardianship of a local social service agency, the Department of Human Services OR the juvenile justice system?	Yes	
	No	

If yes, Agency name:		Caseworker name:	
E-mail address:		Work phone:		Cell Phone:	

Child/youth residence if **not** living with parent/guardian(s) listed above:		Phone numbers:	
Contact name:		Home:	
Type of residence:		Cell:	
Address:		Work:	

Current educational setting:				
Diagnosis if known (see note below)*:				
CASII Score if known		Is child returning from an out-of-home placement?	Yes	
Functional Assessment Score if known:			No	

Reasons for making this referral – Check all that apply

	Abandonment		Emotional Disability		School Problems
	Housing		Suicidal		Sexual Abuse
	Developmental Disability		Drug Abuse		Physical Abuse
	Diagnosed Mental Illness		Family Conflict		Behavior Problems
	Medical		Runaway		Sexual Exploitation
	Aggression/Assault		Death of Parent		Delinquency
	Financial		Legal Issues and/or Incarceration		Learning Disability
	Sexual Reactivity/Promiscuity		Other		

Systems that the child is or has been involved in (Check all that apply)

	Family Court		Physical/Medical		Child Welfare/Child Protection
	IEP/504 Plan		Developmental Disabilities		Substance Abuse Treatment
	Mental Health		Juvenile Services/Court		Other:

History of known attempted interventions (Check all that apply)

	Day Treatment		Mental Health Therapy		Children's Therapeutic Services and Supports (CTSS)
	Medication Management		Eating Disorder Treatment		Psychiatric Residential Treatment Facility
	Residential Treatment		Juvenile Detention		Chemical Dependency Treatment
	Inpatient Hospitalization		Partial Hospitalization		Other:

What factors put this child at risk of being placed outside the home?	

Other relevant history:			
Desired Outcome:			
Referral Source Agency:			
Name:		Office phone:	
E-mail Address:		Cell phone:	

*A diagnosis is not required to make a referral. If a youth does have a diagnosis, it can be from any of the following types: mental, behavioral, substance abuse, mood, anxiety,developmental, conduct, emotional or scholastic skills disorder.

Send form along with a release of information to Corey Byrd, Director, Youth and Family Engagement, Change Inc. If available, send copies of diagnostic assessment, CASII or functional assessment. E-mail **only if encrypted** to cbyrd@thechangeinc.org or fax to: 651-290-2703.

If you have questions, call Corey at 651-230-7757.

Eligibility Criteria

If you are uncertain that the child meets some of the following criteria, please refer anyway, and Change Inc. will follow up with the family.

1. African American children living in Ramsey County eligible to attend grades kindergarten through 12.
2. Experiencing an academic crisis, such as: skipping school, failing classes, suspensions, frequent detentions, frequent visits to the office or a time-out area, receiving academic and other school services in the home or an alternative setting, transitioning back to school from residential treatment, etc.
3. Has symptoms that indicate a mental, behavioral, substance abuse, mood, anxiety, developmental, conduct, emotional or scholastic skills disorder
4. If student has had a CASII or Functional Assessment, the score was a four or higher.
5. At risk of out-of-home placement/care or returning from out-of-home placement/care
6. Has been served by at least **two** of the following:
    - Special education /IEP or 504 Plan
    - mental health provider,
    - substance abuse provider,
    - medical provider,
    - developmental disabilities provider
    - juvenile services/court
    - child protection
    - family court
    - other

7. Has had at least two services from among the following types:
    - Mental health therapy
    - Mental health case management
    - Children's Therapeutic Services and Supports (CTSS)
    - Medication Management
    - Day treatment
    - Residential treatment
    - Psychiatric Residential Treatment Facility
    - School Interventions
    - Hospitalization for mental health
    - Chemical dependency treatment
    - Juvenile detention
    - Eating disorder treatment
    - Partial hospitalization for mental health
    - Other