

UTAH Foster Care / Residential Placement Referral

What agency would you like this referral form to be sent to?

Child's First and Last Initials:	Referral Date (today):	
Birth Date:	Age:	Ethnicity:
Guardian/Case Worker:	DCFS/DJJS Office: Office / Cell Phone: Email:	

Please do not list any identifying information on this form, such as name of client.

Check all that apply

Therapy Services needed with foster agency: () Individual () Family () Group

Annual Mental Health Assessment Due Date: _____

Screened Service Code: () DPB () DIB () DMD () YPB () YIB () YMD () DSD Other _____

Preferred Area of Placement: () SLC () Price () Roosevelt () Northern Utah () Utah County Other _____

Describe what happened to disrupt last placement(s)/ Presenting Behavior problems / Social conduct / Current whereabouts:

History / Current Areas of Development: (check all that apply)

- | | |
|---------------------------------------|-----------------------------------|
| () Suicidal Ideation / Self Injuries | () Physical abuse |
| () Fire Setting Behaviors | () Sexual abuse (victim) |
| () Enuresis / Encopresis | () Alcohol Abuse |
| () Physical Aggression | () Drug Abuse |
| () Verbal Aggression | () Sexual Activity or Misconduct |
| () Run Risk | () Neglect |
| () Over / Under Weight or Height | |
| () Criminal / Legal History | () Gang Involvement |
| () IEP/ 504 Plan | () Learning Disabilities |
| () Contained Classroom | |

For each item checked, describe intensity, duration, and last occurrence:

Describe Family Background / Involvement with placement / Medical History of family:

Describe the youth's personality and character. List the youth's strengths:

Describe I.Q. and Level of functioning:

Describe Previous treatment / Therapy:

Describe any symptoms or diagnosis for Mental Health Disorders:

Describe any history or current Medical problems / Medications:

Describe the child's School behavior / Truancy Problems / Previous school:

Permanency goal:

Other Information that will help us to make the best placement for the child:

Please include: Mental Health or Psychological Assessment, Criminal Record, Court Order, and IEP/504

UTAH YOUTH NETWORK SEXUAL BEHAVIOR HISTORY AND DISCLOSURE

Due to the nature of foster care, foster children often have to share rooms. We make every effort to protect the children placed with us and we do all we can to collect critical information about each child at time of placement. During the intake process, many questions concerning _____ (youth) have been asked and this information has been documented to help us make the best possible placement.

The purpose of this disclosure is to ensure that we have a full and complete history regarding known sexual abuse, sexual acting out, and any other sexual or violent incidents.

_____ (youth) has the following history regarding **sexual abuse, sexual acting out, and other sexual incidents**, including previously treated issues (**please document all sexual misconduct**):

_____ (youth) also has the following history involving **fire setting and violence toward adults, children, and / or animals**, including previously treated issues (**please document all incidents below**):

The above disclosures of said youth's sexual or violent incidents have been documented in full and include previously treated issues. All individuals present at time of admission and part of the Child and Family Team concur that this is a full disclosure of these incidents.

Guardian/Caseworker Signature

Date

Treatment Provider Signature

Date

Utah Youth Network Representative Signature

Date