



Partnership for Children
A Collaboration of Youth Homes, Inc. and
Intermountain Children's Home and Services

Referral Application for Foster Care, Family Support Services, and Group Home Placement

**-To expedite the referral process please attach any pertinent psychological evaluations,
social history, and releases of information for collateral contacts-**

Date: _____

Referring Agency: _____

Contact Person: _____ **Phone Number:** _____ **work**
_____ **cell**

Address: _____

Name of Child Being Referred: _____ **SSN:** _____ - _____ - _____

Date of Birth: ____ / ____ / ____ **Sex:** M / F **Height:** _____ **Weight:** _____ **Race:** _____

Child's Current Placement and for how long: _____

Child's Current Placement's Address and Phone Number: _____

What services are you interested in? Check all that apply:

Family support services: ____ **Therapeutic Foster Care:** ____ **Group Care:** ____

Briefly describe child's need for care: _____

Briefly describe child's strengths: _____

Who should be considered a part of the child's Treatment Team? (Please include relevant family members.)

Have parental rights been terminated? (Circle one)
Mother: Yes / No Unknown **Date:** _____
Father: Yes / No Unknown **Date:** _____

Who has legal custody of this child? _____
Legal Status? _____

Please detail the current involvement of the child's parent(s) and significant others in his/her care.

If Child and Family Services is involved with this case, how long has the agency been involved and are termination proceedings scheduled? _____

Placement History-

Has this child been placed away from home before? Yes ____ **No** ____
If yes: How many times? _____
How many in Foster Care? _____ **How many in Residential Care?** _____
How many in Group Care? _____ **How many in Hospitalization?** _____
What has been the most restrictive placement? _____

Educational History-

Highest Grade Completed: _____ **Current Enrollment:** _____

Educational Needs: Can this child attend full-day school? Yes _____ No _____

Regular Classroom: Yes _____ No _____

Full-time Special Education: Yes _____ No _____

Part-Time Special Education: Yes _____ No _____

Day Treatment: Yes _____ No _____

Other: _____

What is the child's I.Q? _____

Does this child have a history of involvement with the juvenile justice system?

Yes _____ No _____ Unknown _____

Special Needs or Behaviors-

Is child danger to self? Yes _____ No _____ Unknown _____

Has child had: a. Suicidal Gesture: Yes _____ No _____ Unknown _____

b. Suicidal Attempts: Yes _____ No _____ Unknown _____

Suicide Risk Assessment: High _____ Moderate _____ Low _____

Other: Explain: _____

Is child a danger to others? Yes _____ No _____ Unknown _____

If yes, explain: _____

Aggression towards: Self _____ Peers _____ Adults _____

Number of runaways from home: _____ **From placements:** _____

History of fire setting: Yes / No Unknown

History of cruelty to animals: Yes / No Unknown

History of explosive behaviors: Yes / No Unknown

History of sexual acting out: Yes / No Unknown

Date of most recent psychological/psychiatric evaluation and name of the person completing the evaluation:

DSM-IV Diagnosis: _____

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Are medications currently prescribed? Yes _____ No _____ Unknown _____

If yes, specify drug, dosage, and length of time on these medications: _____

Name of prescribing physicians(s) and phone number: _____

Fill out if applying for Family support services (child is in birth family or already placed in a foster family)-

Briefly describe strengths and needs of current family:

Fill out if applying for Group Care and/or Therapeutic Foster Care-

What length of time do you anticipate this child will be receiving services? _____

Discharge placement and projected date of discharge: _____

Fill out for Therapeutic Foster care and/or after discharge from Group Care-

Please describe the ideal family placement for this child. _____

What type of family situation or circumstances would be inappropriate for this child and why?

Fill out for all applicants-

Please provide any additional information you feel is pertinent: _____

*Completed applications may be faxed to (406) 541-5532 or mailed to 2825 Stockyard Rd., Suite A-11,
Missoula, MT 59808*



RELEASE OF AND REQUEST FOR INFORMATION

Youth's Name: _____

I give my permission to Partnership for Children to RELEASE information to the following persons and/or agencies: _____

I give my permission to Partnership for Children to OBTAIN information from the following persons and/or agencies: _____

The information to be RELEASED and/or OBTAINED may include: _____

I voluntarily allow the above named persons and/or agencies to disclose information to facilitate my appropriate involvement with the Partnership for Children. No threat or other coercive measures have induced me to sign this document. I understand that this information will not be forwarded to anyone other than those participating in my involvement in this program without my written permission.

Parent/Guardian Signature

Date

Partnership for Children Representative

Date

This release is valid until: _____