

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