Ohio Teaching-Family Association

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REFERRAL/INTAKE INFORMATION

Date:

Child's Information:

Last Name:	First Name:		Middle:
SSN:	DOB:	Age:	FACSIS:
Gender:	Ethnicity:		Religion:
Height: Weight:	Eyes:		Hair Color:
Who holds current Custody/Legal Guardianship:			
Physical Marks/Features:			

Current Information:

Placing Agency:	
Address:	
Case Manager:	Title:
Office Phone:	Fax:
Cell Phone:	E-mail:
County Agency:	Judge:
Address:	
Probation Officer:	Office Phone:
Fax:	E-mail:
Other Professionals:	Office Phone:

Family Information: (Parents, Step-Parents, & Significant Others)

Relation	First & Last Name	Address	Phone	Marital Status	Employ-ment	Monthly Income
Mother						
Father						
Other						

Siblings: (Full, Half & Step Siblings)

First & Last Name	DOB	Living With	Court/ODJFS Involvement

Referral Information:

Primary reason for placement:	
Projected length of stay in placement:	
Post placement case plan: (Reunification, Ind. Living)	
Family contact/visitation rules:	
# of prior out of home placements & why:	
# of previous reunification attempts with Bio Parent(s):	
Age of youth when first removed from parent(s) & why:	
Has youth ever been adopted:	Age at adoption:

Court History:

Is youth adjudicated delinquent:	**Currently on Probation:**
# of times in detention:	**Is youth on DYS Stay:**
Current charges:	
Past Court History:	
Does youth have gang involvement:	
Does youth have drug & alcohol issues:	

Medical/Family History:

Youth's medical coverage:	
Current health problems:	
List any current non-psychotropic medication:	
Current Medical Doctor & Phone #:	
Does youth have any disabilities:	
Is youth a victim of sexual abuse:	**Perpetrators relationship:**
Is youth a victim of physical abuse:	**Perpetrators relationship:**
Is youth a victim of child neglect:	**Perpetrators relationship:**
List any current psychotropic medication:	
Current Psychiatrist & phone #:	
Any family history of mental health problems:	
Any family history of drug & alcohol problems:	
Any family history of domestic violence:	
Any family history of criminal behavior:	
Any family history of sex offending: **Explain:**	

Child's Abilities: **Please check all that apply:**

___	Independent Living Skills	___	Leadership Skills
___	Follows Instructions	___	Reports Whereabouts
___	Helpful To Others	___	Attends School
___	Good Hygiene	___	A – C Student
___	Accepts Responsibility	___	Reliable
___	Stays On Task	___	Time Management
___	Respects Others	___	Respects Property
___	Accepts Criticism	___	Honest
___	Gets Along With Adults	___	Gets Along With Peers
___	Controls Emotions	___	Manages Anger
___	Positive Social Skills	___	Demonstrates Maturity
___	Gives Eye Contact	___	Expresses Apologies

Presenting Problems: **Check all that apply:**

Adjudicated Offenses

___	Arson	___	Assault	___	Breaking & Entering
___	Burglary	___	Concealed Weapon	___	Criminal Damage
___	Disorderly Conduct	___	Menacing	___	Domestic Violence
___	GSI	___	Molestation	___	Property Damage
___	Rape	___	Receiving Stolen Property	___	Shop Lifting
___	Safe School Ordinance				
___	Sex Offending	___	Theft	___	Solicitation
___	Unauthorized Use	___	Unruly		

Non Adjudicated Problems

___	Aggression	___	Animal Cruelty	___	Anger Management
___	Defiant	___	Depression	___	Attachment Disorder
___	Destructive	___	Developmentally Delayed	___	Disrupted Adoption
___	DYS Stay	___	Drugs/Alcohol	___	Runs Away
___	Suicide Ideation	___	Homicidal Ideation	___	Truancy
___	Fire Setting	___	Self Injurious	___	MR

___	Multiple Placements	___	Eating Disorder	___	Encopretic
___	Enuresis	___	Fetal Alcohol Syndrome	___	ADD/ADHD
___	Hyperactivity	___	Speech Impediment	___	Sleeping Disorder
___	Gang Behavior	___	Abuse Victim	___	Excessive Abuse History
___	Tantrums	___	Withdrawn	___	Failing In School
___	Steals	___	Use of Porn	___	Inappropriate Sexual Behavior
___	Threatens	___	Non-adjudicated Sex Offender		
___	No family Contact				

School Information:

Current school attending:		Grade:
Type of classes:		
Is youth at an appropriate education level:		
How far behind is youth in school:		
Does child have an Individual Education Plan:		
Full Scale IQ:	Performance IQ:	Verbal IQ:

List suspension history:

List expulsion history:

Other Information:

Ohio Teaching-Family Association Treatment Services:

Check OT-FA services this youth would benefit from:

___	**Individual Counseling**	___	**Family Counseling**
___	**Independent Living Group**	___	**Sex Offender Treatment Group**
___	**Anger Management Group**	___	**Other Group Counseling** ______________
___	**Other Treatment Services** ____		

Submitted by______________________________________ **Title:**____________________

Date:____________________ **Phone:**____________________ **Fax:**____________________