**Casa Q Referral Form**

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| **Referral Source** |

**Referring Agency: Date:**

**Referring Person: Phone: Email:**

**Relationship/Role:**

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| **Is CYFD the Legal Guardian?** | **Yes  No** | **Is the Legal Guardian aware of this Referral?** | **Yes  No** |
| **(Name the CYFD Legal guardian on Pg. 3-Agency/System Involvement)** |
|  | | | |
| **Young Person’s Information** | | | |

**First Name: Last Name:   
  
Preferred name: DOB: Age:   
  
Immigrant Status:  U.S. Citizen  Immigrant  Refugee  Asylum Seeker**

**Sex assigned at birth:  Male  Female   
Gender young person identifies with:  Cisgender Man  Cisgender Woman  Transgender Man  Transgender Woman  Gender Queer   
  Not Listed:   
Preferred Pronoun:  She/Her  He/Him  They/Them  
  
Sexual Orientation:  Straight  Lesbian  Gay  Bisexual  Queer  Asexual  Not Listed:   
  
Self-Identified Race (Check all that apply):  White  Black/African American  Asian  Other:   
  Native Hawaiian/Other Pacific Islander  Decline Race/Ethnicity  American Indian/Alaskan Native   
  
If American Indian/Alaskan Native, Tribal Affiliation:**

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| **Young Person’s Information Continued** |

**Self-Identified Ethnicity:  Hispanic  Non-Hispanic**

**Individual’s First Language: Language most comfortable communicating in:   
  
Does the young person live at home?  Yes  No If “No” where does young person reside?   
  
Current Address: City: State: Zip:   
  
Best Contact Phone Number: Can this # receive texts?  Yes  No  
  
Email address: Best way to contact young person:  Email  Call  Text  Facebook:**

**Does young person have insurance?  Yes  No If yes, what kind of insurance does the young person have?  Medicaid  Private Insurance**

**Name of Provider:**

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| **Family/Caregiver/Support Information** |

**Legal Guardian 1: Best Phone Number: Can this # Receive Texts?  Yes  No  
  
Relationship to Youth: Language most comfortable communicating in:   
  
Interpretation Services Needed?  Yes  No  
  
Current Address: City: State: Zip:**

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| **Family/Caregiver/Support Information Continued** |

**Legal Guardian 2: Best Phone Number: Can this # Receive Texts?  Yes  No  
  
Relationship to Youth:   
  
Language most comfortable communicating in:   
  
Interpretation Services Needed?  Yes  No  
  
Current Address: City: State: Zip:**

**If CYFD is the Legal Guardian, are there contact restrictions with family members?  Yes  No**

**If Yes, Name: Relationship: Restriction:**

**Please list those currently involved with the referred person (Family Members, Friends, Intimate Partners, Cultural Supports,   
Spiritual/Religious Supports, Mentors, School Staff, Attorneys, MCO Care Coordinator, CASAs, Treatment Provider, etc.)**

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| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |
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| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |

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| **Agency/System Involvement** |

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| **Is Young Person involved with CYFD?** |  | | **Yes  No** | | **If “Yes” Which Service?** | | | | **PS  JJS  Transition  CBHC** | | | | | |
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| **Name of CYFD Worker (PS/JPO/BHS):** | |  | | | | **County:** |  | | | **Contact Number:** | |  | |  |
|  | | | | | | | | | | | | | | |
| **Name of CYFD Worker (PS/JPO/BHS):** | |  | | | | **County:** |  | | | **Contact Number:** | |  | |  |
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| **Check all the referrals young person is involved with:** | | | | **BH Provider  School/Spec. Ed.  Adult/Juvenile Court** | | | | | | | **Other:** | |  | |
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| **Has the young person been diagnosed with an SED or SMI diagnosis?  Yes  No**  **Does the young person have a current crisis plan? Yes No** | | | | | | | | | | | | | | |
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| **Behavioral Health** | | | | | | |
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|  | **Young Person's Mental Health Diagnosis** |  | **Date of Diagnosis** |  | **Medication** |  |
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| **Education** |

**Has the young person completed High School/GED?  Yes  No**

**Is the youth currently attending a school program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the highest grade they have passed in school?**

**Did or does young person have an Individualized Education Plan (IEP)?  Yes  IEP Attached**

**School most recently attended:**

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| **Additional Information** |

**Strengths of Young Person:**

**1.Please describe the youth’s current situation in details.**

**2. Why does the young person need shelter?**

**3.How long will youth need shelter?**

**4. What is the youths permanent placement plans:**

**Do you have any of the following collateral information? If so please email to steven.serrano@casaq.org**

**Casa Q needs below collateral document *prior* to scheduling a full Casa Q intake:**

* ***Detention reports, including evaluations, pre-disposition reports, and mental health service reports (List of current medications)***
* ***Probation agreements***
* ***Current Mental health, psychological or neuropsychological evaluations***
* ***Psychosocial or comprehensive assessments or social history***
* ***Copy of current IEP***
* ***Current or last semester's grades and/or progress reports.***
* ***Any available court orders regarding the youth***
* ***Ex. Custody orders, guardianship or adoption decrees, adjudications – either juvenile or abuse/neglect***
* ***Protective orders against or protecting the youth***
* ***Medical or dental records***
* ***Autism screening reports***
* ***Power of attorney regarding the youth***
* ***Current Wrap-around service plan.***

**Reason for Referral:**