**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 #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **Name:** |  | **Relation:** |  | **Phone #:** |  |
| **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** |
|  |
| **Name of CYFD Worker (PS/JPO/BHS):** |  | **County:** |  | **Contact Number:** |  |  |
|  |
| **Name of CYFD Worker (PS/JPO/BHS):** |  | **County:** |  | **Contact Number:** |  |  |
|  |
| **Check all the referrals young person is involved with:** | [ ]  **BH Provider** [ ]  **School/Spec. Ed.** [ ]  **Adult/Juvenile Court**  | [ ]  **Other:**  |  |
|  |
| **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** |
|   |  |  |  |  |  |   |
|   | **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:**

|  |
| --- |
|  |
| **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:**