

Young Person's Information Continued

Casa Q Referral Form 2024

Referral Source

Referring Source: _____

Date: _____

Phone: _____

Email: _____

Relationship/Role: _____

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 Pronouns:

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: _____

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 number 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: _____

Guardian Information

Legal Guardian 1: _____ Best Phone Number: _____ Can this number receive Texts? Yes No

Relationship to Youth: _____ Language most comfortable communicating in: _____

Interpretation Services Needed? Yes No

Current Address: _____ City: _____ State: _____ Zip: _____

Legal Guardian 2: _____ Best Phone Number: _____ Can this number 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.)

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

Agency/System Involvement

Is Young Person involved with CYFD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" Which Service?	<input type="checkbox"/> PS	<input type="checkbox"/> JJS	<input type="checkbox"/> Transition	<input type="checkbox"/> CBHC	How long have the youth been in CYFD care ?
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Name of CYFD Worker (PS/JPO/BHS): _____ County: _____ Contact Number: _____

Name of CYFD Worker (PS/JPO/BHS): _____ County: _____ Contact Number: _____

Check all the other programs the young person is involved with: Mental Health Services : _____ Other: Fostering connections. _____
 Adult/Juvenile Court : _____

Has the young person been diagnosed with a mental health diagnosis? Yes No

Does the young person have a current safety/crisis plan? Yes No

Health

Young Person's Mental Health Diagnosis

Date of Diagnosis

Medication

_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

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

Is the youth currently attending a education program? _____

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

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

School most recently attended: _____

Additional Information to be Completed by Young Person

Strengths of Young Person:

Add:

- **Begin: Casa Q is a specialized housing program aimed at providing services to LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer +) young people. Therefore, this is a space only for LGBTQ+ individuals and straight allies. How do you see yourself fitting into this community?**
- **Why CasaQ?**
 - **What are they hoping to gain from their stay at CasaQ/in specialized care**
- **Where does the youth see themselves in 1 year?**
-
- **Areas of growth section**

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:

NEW SUPPORTING DOC !

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.*