|  |
| --- |
| SCREENING/REFERRAL FORMS PACKET – Interface Youth Program CDS Family & Behavioral Health Services, Inc.  **Has the youth been seen before in a CDS Program? YES or NO If yes, review history of risk and other factors.** |
| **YOUTH Px. Zip Code NETMIS #:** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_  First middle last |
| PERSON PROVIDING INFORMATION Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOW DID YOU HEAR ABOUT US, SO WE CAN ENSURE OTHERS LOOKING FOR HELP KNOW WE ARE HERE? \_\_\_\_ Word of Mouth \_\_\_\_Social Media \_\_\_\_ Printed Material \_\_\_\_ Web Search\_\_\_\_ Billboard \_\_\_\_ Other  Who referred you to IYP? (circle one) A. Self B. DCF C. DJJ D. Law ENF E. School F. Family G. Court H. Safe Place I. Other  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CDS STAFF RECORDING INFORMATION Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_AM/PM Length of Contact:\_\_\_\_ minutes  Site: IYPC\_\_\_\_IYPE\_\_\_\_IYPNW\_\_\_\_FAC\_\_\_\_FAE\_\_\_\_FANW\_\_\_\_  Type of contact: TELEPHONE\_\_\_\_ FACE TO FACE\_\_\_\_ WRITTEN\_\_\_\_ SCHOOL\_\_\_\_ CDS\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRESENTING PROBLEMS- Check ALL issues for youth/family**  \_\_\_Runaway \_\_\_Lockout/Homeless \_\_\_Relocation \_\_\_DCF  \_\_\_Truant \_\_\_Substance Abuse \_\_\_Lying/ Stealing \_\_\_DJJ  \_\_\_Anger \_\_\_Eating/Sleeping \_\_\_Peer Issues \_\_\_Domestic Violence \_\_\_Depression \_\_\_Divorce/Marriage \_\_\_Aggressive/Assaultive \_\_\_Anxiety  \_\_\_School Related Issues \_\_\_Beyond Control \_\_\_ Recent Trauma \_\_\_ Others (indicate  \_\_\_\_ Gang Affiliation \_\_\_ Grief/Loss \_\_\_ Gender Identity/Sexual/ below)  Orientation Issues  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What are the feelings of the parent and youth related to receiving services at this time?  Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CINS/FINS CRITERIAEligible YES NO Threatening to run away, or a runaway YES NO Beyond the control of parents or guardians  YES NO Truancy or other school-related problems YES NO Lockout/homeless  YES NO Any pending delinquency allegations? If yes, what charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO Domestic Violence Service request? If yes, DV charge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO Adjudicated dependent /DCF investigation for abuse, neglect or abandonment.  Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO Is this a request for Probation Respite Services? Adjudicated delinquent/current supervision for delinquency.  JPO Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO Has the youth been court-ordered into CINS service? |
| **STATUS OF YOUTH AT TIME OF CALL** (check one) \_\_\_At home \_\_\_Runaway \_\_\_Throw away \_\_\_Lockout/Homeless \_\_\_Emancipated  \_\_\_DJJ Placement(Delinquency) \_\_\_DCF Placement \_\_\_PFSF Placement \_\_\_\_Juvenile Assessment Center (JAC) \_\_\_Other |

|  |
| --- |
| ACTION TAKEN: REFUSAL OF SERVICES MUST INVOLVE CONSULTATION WITH A SUPERVISOR A. \_\_\_\_ Accepted for IYPC\_\_\_\_IYPE\_\_\_\_IYPNW\_\_\_\_FAC\_\_\_\_FAE\_\_\_\_FANW\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B. Special Population (if applicable) \_\_\_\_ Domestic Violence Respite\_\_\_\_ Probation Respite \_\_\_\_ Staff Secure  C. \_\_\_\_ Internal referral- Program name/FLN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.\_\_\_\_ External referral- See Ineligible Screening Attachment  **Youth not admitted due to**: E. \_\_\_\_Turned away (no vacant beds) F. \_\_\_\_ Inappropriate Referral for program \_\_\_\_Program unable to meet Youth’s needs\_\_\_\_ Parents Refuse to Cooperate \_\_\_\_Youth Refuses to Cooperate \_\_\_\_Medical Condition\_\_\_\_ Other **ScreeningComments**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SCREENING/REFERRAL FORM - CINS/FINS - page 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PARTICIPANT INFORMATION | | | | |
| Nickname/Preferred name: | | | | Sex: Male Female |
| Place of Birth: | | | | Dateof Birth: |
| Citizenship: (check one) \_\_U.S. \_\_alien status \_\_legal application filed \_\_other | | | | Race: |
| **SS#** | | | County of Residence: | |
| Address of youth:Street City | | | | |
| State Zip | | | Phone # | |
| Living status of youth for last 6 months: (circle one) At home Runaway Relative Other: | | | | |
| School: | | | | |
| Current Grade: | Current Status: (circle one) attending truant suspended: (return date)- | | | |
| Doctors Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health issues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Do you have reason to believe your daughter may be pregnant: Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_ | | | | |
| Medication name/ amount/dose | | REASON FOR MEDICATION (note Rx will be needed for OTC medications) | | |
|  | | YES NO taken as prescribed | | |
|  | | YES NO taken as prescribed | | |
|  | | YES\_ NO taken as prescribed\_\_\_ | | |
|  | | YES NO taken as prescribed | | |
| Does the youth use any injectable medications? No\_\_\_\_ Yes\_\_\_\_ Interface does not admit youth using injectable medications | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RISK SCREENING | | | | | | | | |
| YES | | NO | Have there been any recent suicidal/homicidal threats or gestures? | | | | | |
| YES | | NO | Was the youth Baker Acted? How many times in the last 12 months? | | | | | |
| **IF EITHER QUESTION ABOVE IS ANSWERED “YES” please explain** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| YES | NO | | Was abuse registry called? | YES | NO | Report accepted? | Taken by: | Report # |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/GUARDIAN INFORMATION | | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| Is address and home # same as youth? yes \_\_\_ no \_\_\_ | | Relationship to youth: | |
| \_\_\_ Custody  \_\_\_ Birth  \_\_\_ Adoptive  \_\_\_ Step  \_\_\_ Legal Guardian | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lived with youth last \_\_\_ 6 months, \_\_\_ year?  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_ ZIP:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_  Home #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time: \_\_\_\_ Part-Time: \_\_\_\_ | | |
| EMERGENCY CONTACTS | | | |
| Used when we are unable to reach the parent/guardian in an emergency. The first attempt is to the guardian. | | | |
| Name: | | | Relationship to youth: |
| Phone #: ( ) | | | Phone location: |
| Address: City/State: | | | |
| Instructions: | | | |

SCREENING/REFERRAL FORM - CINS/FINS - page 3

**Screening Questions**

Yes  No Has your child ever harmed animals? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child ever played with fire or started any fires?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child been a victim of sexual assault? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child ever assaulted anyone sexually? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child ever been a victim of human trafficking?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Does your child have any physical disability and need additional support?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Does your child have any hearing loss or wear a hearing device?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Does your child have a history of trauma? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child ever been diagnosed with a mental health disorder?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Does your child wear glasses or contacts? Do they have them?  N/A  Yes  No

If no, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Has your child had to be treated for head lice in the past 30 days?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Is your child free of head lice? If no, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCREENING/REFERRAL FORM - CINS/FINS - page 4

**For those youth who are eligible for services:**

1. In the last 48 hours has the youth experienced any of the following?

# YES\_\_\_ NO\_\_\_ Fever

YES\_\_\_ NO\_\_\_ Diarrhea

YES\_\_\_ NO\_\_\_ Vomiting

YES\_\_\_ NO\_\_\_ Sore Throat

YES\_\_\_ NO\_\_\_ Continuous coughing and/or sneezing

YES\_\_\_ NO\_\_\_ Any other cold like symptoms: Please explain:

1. YES\_\_\_ NO\_\_\_ Has the youth or anyone in the household had a positive COVID test in the past 14 days? Please explain:
2. What symptoms if any is the youth experiencing now?

**Actions to take:**

* If the youth has been symptom free for at least 24 hours an Intake should be scheduled.
* If the youth currently has any symptoms noted above, ask the referral source to call back when the youth has been free of any symptoms for at least 24 hours.
* Please tell the referral source that this protocol has been put in place as an attempt to maintain a healthy environment for everyone.

## SCREENING/REFERRAL FORM - CINS/FINS - page 5

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#### INFORMATION FOR PARENT/GUARDIAN

Our counselors will work with your family to complete an assessment and develop a case plan. The assessment process will occur during the first three days of service. You are encouraged to participate in the full delivery of services. Your youth may receive up to 35 days of temporary residential care. We realize this can be a stressful and frustrating time for you and your family. If you have any questions and/or concerns please feel free to contact the program at any time to resolve your concerns. Our staff includes a variety of professionals to assist you. Please let us know when and how we can best help you resolve your concerns and ensure success for your family.

**INFORMATION CHECKLIST** (check each item that was discussed with the parent/guardian)

Interface is a program of the CDS Family & Behavioral Health Services, Inc., which is a nonprofit agency receiving funding primarily from federal and state governmental sources and local programs. Program services are provided at no direct cost to you and your family. We view your participation as your payment for services. During the intake and assessment process we need to obtain information from you to ensure that we may continue to provide these services.

*Parents should bring the following information:*

* Date of birth, social security number and green cards (for non-citizens) for each member of the household.
* Information on parents not in the home: name, address, phone #’s, employment information, DOB, SS#.
* Statements of custody/guardianship (custody judgments, power of attorney, etc.)
* Health and medical history/ information related to youth.
* School information: enrollment, transportation arrangements, and assignments.
* Change of clothes for 5 days, appropriate for the season, and meeting dress code requirements.
* Personal hygiene items: comb/brush, toothbrush/paste, deodorant, any other personal hygiene items.
* Medication: must be in the original container with a legible pharmacy label including the name of the medication, youth’s name, when the medication is to be taken and in what amount. All over the counter medication must have a prescription. Staff is not allowed to cut pills in half, Parents/Guardians must contact the pharmacy to have pills pre-cut when applicable.

*You should not bring/ allow:*

* Any valuables, ex. Jewelry, expensive clothing, electronic devices.
* Any food or snack items.
* Linens, bed coverings and towels.

*You should know:*

* Interface is a voluntary placement for your youth.
* We will provide verbal intervention if your youth gives indications of leaving against the counseling plan.
* We will not engage in any form of physical restraint to prevent your youth from leaving the program.
* We will contact law enforcement and file a runaway report if your youth chooses to leave after the verbal intervention, you will also be notified.

*Intake process:*

* Will require ½ hour of your time, please schedule an intake time convenient for you to complete this process. It is critical we have your signature giving consent for services at the time of the intake.

#### SUPERVISORS REVIEW

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**REFUSAL OF SERVICES MUST INVOLVE CONSULTATION WITH SUPERVISORS**

Document the process/ status of the screening and referrals made when a participant is not scheduled to receive services at this site.

SCREENING/REFERRAL FORM - CINS/FINS - page 6

**Screening Attachment – Referral Resources for Youth & Families**

**CDS**

When a participant is ***not*** eligible for agency services, a minimum of two referral sources should be given.

**CHECK/HIGHLIGHT ALL REFERRALS PROVIDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This referral source was informed of (referred to) the following services: | | | | |
|  | **AGENCY** | **GAINESVILLE-IYP/FA**  (352) 244-0618-/244-0628 | **LAKE CITY-IYP**  (386) 487-0190 | **PALATKA-IYP**  (386) 385-0405 |
|  | Local law enforcement/non-emerg. #  Emergencies: 911 | (352) 955-1818 [police]  (352) 367-4000 [sheriff] | (386) 752-4344 [police]  (386) 752-9212 [sheriff] | (386) 329-0115 [police]  (386) 329-0800 [sheriff] |
|  | Florida Abuse Hotline | 1-800-96ABUSE (1-800-962-8732) | | |
|  | National Runaway Hotline | 1-800-621-0394 | | |
|  | Suicide & Crisis Lifeline | Phone 988 Text 741741 | | |
|  | Local Mental Health program | Meridian Behavioral  Healthcare  (352) 374-5600 | Meridian Behavioral Healthcare  (386) 487-0800 | Stewart-Marchman-Act Behavioral Healthcare  (386) 329-3780 |
|  | Local Crisis Center | Alachua Co. Crisis Center  (352) 264-6789 | Another Way, Inc. (386) 719-2700  Guardian Ad Litem  (386) 758-1170 | Crisis and Suicide Intervention  (386) 329-3780 |
|  | Local Crisis Stabilization Unit | Meridian CSU  (352) 374-5613 | Meridian Behavioral Healthcare (386) 487-0800 | Local Hospital Emerg Rm. |
|  | Detoxification | Meridian Behavioral  (352) 374-5600 ext. 8230  Local Hospital Emerg. Rm. | Local Hospital Emerg. Rm. | Local Hospital Emerg. Rm. |
|  | Local Medical services | Shands  (352) 395-0111  Health Dept.  (352) 334-7900 | Health Dept.  (386) 758-1068 | Putnam Community Medical Center  (386) 328-5711 |
|  | Local DCF office | (352) 955-5000  (Tacachale operator) | (866) 762-2237 | (386) 329-3511 |
|  | Local DJJ office | (386) 418-5257 | (386) 758-1448 | (386) 329-3534 |
|  | Local Children’s Home Society | (352) 334-0955 | (386) 758-5760 | (386) 312-2230 |
|  | Local United Way | (352) 331-2800 | (386) 752-5604 | (386) 328-8992 |
|  | Local Homeless services | St. Francis House  (352) 378-9079 | Suwannee Valley Rescue Mission  (386) 758-8438 | Christian Service Center (no shelter services)  (386) 328-0984 |
|  | Local Pregnancy Crisis Center | Woman’s Resource Center  (352) 377-4947 | Pregnancy Crisis Center  (386) 755-0058 | Women’s Resource Center  (386) 328-9394 |
|  | Local School services | School Board of Alachua Co.  (352) 955-7300 | Columbia Co. School Board  (386) 755-8000 | Putnam Co. School District  (386) 329-0538 |
|  | Florida Diagnostic & Learning Resource System | 1-800-533-0326 | | |
|  | Local Legal Services | Three Rivers Legal Services  (352) 372-0519 | Three Rivers Legal Services  (386) 752-5960 | Legal services Central FL.  (386) 328-8361 |
|  | The Florida Bar | 1-800-342-8011 | | |
|  | Local Adolescent After School/Mentoring programs | Reichert House  (352) 371-2347 |  | PCSO PAL Program  (386) 329-1231 |
|  |  |  |  | COACHES Program (through SAYS) (904) 829-1770 |
|  |  | Boys/Girls Club  (352) 336-6639 |  | PPD PAL Program  (386) 329-0115 |
|  | Residential/Misc. Programs | Florida Sheriff’s youth Ranch: (386) 842-5555 or local sheriff’s office (residential) | | |
|  |  | Rodeheaver Boys Ranch (386) 328-1281(residential) | | |
|  |  | Shands at Vista: (352) 265-5481 (residential) | | |
|  |  | Daniel Kids Jacksonville, FL (904) 296-1055 (residential) | | |
|  |  | Greenleaf Valdosta, GA 1-888-924-7638 (residential) | | |
|  |  | Brookwood Girls Facility St. Petersburg, FL: (727) 822-4789 (residential) | | |
|  |  | Clay Behavioral (CATT) (904) 291-5561 (non-residential) | | |
|  |  | Youth Crisis Center (YCC) Jacksonville (904) 720-0002 (residential) | | |
|  |  | Family Services Planning Team (FSPT) (386) 304-7600 ext 228 (non-residential) | | |
|  |  | St. Augustine Youth Services (SAYS) Targeted Case Manager (904) 829-1770 ext 316 (non-residential) | | |
|  |  | Sandy Pines (residential) (561) 744-0211 | | |
|  |  | Big Bear Behavioral Health (800) 840-2528 (non-residential) | | |
|  |  | Devereaux (800) 338-3738 (residential) | | |
|  |  | Phoenix House (detox/SA/MH) (813) 881-1000 (non-res/res) | | |
|  |  | Mental Health Resource Center (MHRC) Jacksonville (904) 695-9145 (non-res/res) | | |
|  | Florida 2-1-1 Association | [help@211pbtc.org](mailto:help@211pbtc.org) | | |