



Referral Form

Referral to Day Treatment

Please complete this form and submit to E-mail: ntemple@theHillsYFS.org .

Day Treatment referrals Phone: 218-623-6445 / Fax: 218-728-7467

Child's Information

Full Name	Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place of Birth	Identifies As <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Known or Permanent Address	City	Social Security No.
Home Phone	Current Placement or location	State <input type="checkbox"/> Zip <input type="checkbox"/>
Race/Ethnicity	Primary Language	Height <input type="checkbox"/> Weight <input type="checkbox"/>
Tribal Affiliation, if any	Spiritual or religious affiliation	
Medical Insurance Provider and Policy No.	Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age at first adoption? <input type="checkbox"/> # finalized adoptions? <input type="checkbox"/> Is child a State Ward? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary:	Secondary:	
Legal Status of Placement <input type="checkbox"/> Delinquency <input type="checkbox"/> CHIPS <input type="checkbox"/> Voluntary <input type="checkbox"/> Not applicable	Judge's Name (if applicable)	
Date and Time of Court Hearing (if applicable)	Court File No. (if applicable)	

Child's Profile

What are the presenting problems that led to requiring day treatment?
What is the history of or contributing factors to the child's problems?
Briefly list some of the child's assets, strengths, interests or abilities?

History of Services Delivered

Outpatient Services (therapy, day treatment, etc.)

Name of Agency	Dates of Service	Result

Residential/Inpatient Services

Name of Agency	Dates of Service	Result

Delinquency History? Yes No

Current and Prior Offenses	Class/Degree of Offense	Offense Date	Disposition

Contact Information

Parent/guardian

(1) Parent/Guardian name	Date of Birth	Does child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
(2) Parent/Guardian name	Date of Birth	Does child lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	

Identify Physical and Legal Custodians of the child?

Any restrictions on either parent's involvement?

Yes No If yes, what?

Will the parent/s or guardian/s be supportive of and/or involved with this placement?

Yes No If no, why?

Any additional details we should know regarding custody/contact/visitation, etc.?

Contact Information (cont'd)

Lead Worker (if this is a private placement by parent or family, check here: and go to next section of referral

Referring agency	Worker's name	Phone
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Other Professionals Currently Working with this Child

Agency	Worker's Name	Phone	Involved in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Worker's Name	Phone	Involved in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current School

Name of Current School (not district):	School Contact for this Child:	Phone
Child's current grade level?	Does the client have an IEP? (please send) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, primary disability?

Supporting Documentation to be Provided (as available/applicable)

Supporting documentation is needed to help us make an informed decision on how we can best meet your child's needs. In general, documentation from a licensed mental health professional that includes a history, diagnosis, family/social information and a recommendation to the appropriate level of care (residential treatment mental health or day treatment) is needed. This is usually found in a standard diagnostic assessment or psychological evaluation. This information must be current (within 6 months for the residential treatment mental health program; within 1 year for day treatment). The more supporting information you are able to send, the better. Supporting information is needed in order for the referral to be reviewed. Please note that you may be asked to sign a release of information for other agencies to share documentation with us.