**Heartland Girls’ Ranch Referral Information** Main HFF

**Date of Referral:** **Time of Referral:** **Referring County:**

**Child’s Name:** **DOB:** **Age:**

**Insurance/MA Number(s):** **Need Decision by:**

**Referring Worker SW/PO** Name: Phone: Fax:

Email: Address:

**Current Guardianship:**  **Parent/Guardian Phone:**

**Parents:** Mother: Father: No Contact with Family:

**Type of Placement:** CHIPS Delinquency Voluntary Placement

**Reason for Placement:**

**Diagnoses:**

**Child’s History (H) and Presenting Concerns (C)** *(Please mark “H” and/or “C” to all that apply)*:

Aggressive Behavior Sexual Exploitation or Engaged in Survival Sex

Assaultive Behavior Sexual Acting out Behavior

Attention Difficulties Sexual Abuse (victim)

Beyond Control of Parent Physical Abuse (victim)

Chemical Use/Abuse (child) Neglect (victim)

Chemical Use/Abuse (parent) Pregnant/Pregnancy Related Issues

Substance Use Disorder (diagnosed) Documented False Reporter

Self-Abusive/Cutting Grief/Loss

Delinquent Behavior Suicidal Ideations

Eating Disorder Suicidal Gestures

Truancy Suicide Risk - High Moderate Low

Firesetting/Arson Impulsivity

Theft Run Risk - High Moderate Low

FASD Full Scale IQ:

Other:

**Notes or Explanation of Above Checked Areas:**

**Most Recent DA/Psych Evaluation:** **Request Copies:** **Received?**

**Medications:** **Med Compliant?**

**Medical Concerns:** **Orthodontic Needs:** Braces Retainer

**Most Recent Placements**

Current Placement: Dates:

Reason for Leaving:

Past Placement: Dates:

Reason for Leaving:

Past Placement: Dates:

Reason for Leaving:

**Demographic Information**

Race: Low Income? LGBTQ+:

**Education**

Special Education? *If yes, location of child’s IEP*:

Primary Disability: Current Grade:

Name and Location of Schools Attended Most Recently:

Dates Attended:

Dates Attended:

**Child’s Strengths:**

**Family Therapy**

*HGR does not require a resident to participate in family therapy to graduate the program; however, family therapy is offered. Family sessions typically won’t begin until therapist concludes the resident is at a point in their individual therapy where they can participate effectively in family therapy.*

Would you like this child and their family to receive family therapy while at HGR? YES NO

**Other Information:**

----------------------------------------------------------- **Office Use Only** -------------------------------------------------------------

**Approved:** YES NO

\_\_\_\_\_ Referral Documentation Received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Worker Notified of Team Decision ----- Verbal: \_\_\_\_\_ Written: \_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*

\_\_\_\_\_ Child Accepted for Placement. *Expected Placement Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Time:* \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ School Notified of Pending Admission on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Intake Packet Sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Packet Returned: \_\_\_\_\_\_\_\_\_

If Not Accepted - Reason*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_