

**REGION II HUMAN SERVICES
YOUTH CARE COORDINATION
REFERRAL FORM**

110 North Bailey
P.O. Box 1209
North Platte, NE 69103

PHONE: Sarah White (308) 350 - 0678
FAX: (308) 532 - 1157
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Youth's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Soc. Security #: _____ Language: _____

Current Grade Level: _____ School: _____

Legal Guardian Name(s): _____

Address: _____ City: _____ ZIP: _____

Daytime Phone: _____ Language Preference: _____

Best time of day to contact Caregiver: _____ E-Mail: _____

1) Is the youth a ward of the state? Yes No

If yes, please list caseworker: _____

2) Is the youth or young adult on probation or at risk of such involvement? Yes No

Please describe: _____

3) Is the youth or young adult at risk of school failure? Yes No

If yes, explain: _____

4) Is the youth or young adult diagnosed with a mental health or behavior disorder? Yes No

If yes, explain, include diagnosis and name of clinician: _____

5) Is the youth at risk of being removed from the home? Yes No

If yes, explain: _____

6) Is the youth using alcohol, drugs or other illegal substances? Yes No

If yes, explain, include frequency: _____

7) Does the youth demonstrate aggressive behavior (physical, verbal or sexual)? Yes No

If yes, explain: _____

8) Current Mental Health Provider (include therapist, medication provider, etc): _____

Attach mental health assessment if applicable

Has the family agreed to referral and to participation in the wraparound process? Yes No

A release of information to Region II Human Services has been secured and attached. Yes No

Signature of Referring Person

Date

Phone

Agency/Role of Person Referring