CHEROKEE HOME FOR CHILDREN

**Referral Screening Questionnaire**

Click or tap to enter a date.

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| --- | --- | --- | --- |
| Your Name: |  | Name of Youth: |  |
| Relationship to Youth: |  | Youth Age: |  |
| Address: street |  | Sex: | Male  Female |
| city ,state,zip | ,     , | Number of siblings? |  |
| Phone: | -   - | Grade: |  |
| Email: |  | #1 Presenting Problem: |  |
| Minimum of 12 Months? | Yes  No | Does the youth desire placement? | Yes  No |

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| **Please briefly explain all “Yes” answers to the questions below.** | | | |
| **Does the Youth have a history of:** | **Yes** | **No** | **Comments** |
| Gang or Cult participation? |  |  |  |
| Associates with negative friends? |  |  |  |
| Cruelty to animals? |  |  |  |
| Carrying or using weapons? |  |  |  |
| Verbal and/or physical aggression? |  |  |  |
| What does youth do when angry or stressed? |  |  |  |
| Injuries or medical problems? |  |  |  |
| Taking Medications? |  |  |  |
| Alcohol or drug abuse or dependency? |  |  | If “Yes”, list meds taken/drugs abused. |
| Sexual, physical or emotional abuse?  CPS involvement? |  |  | If “Yes”, by who, age began and ended? Abuse confirmed? |
| Sexually offending or acting out? |  |  |  |
| Setting fires/fascination with fires? |  |  |  |
| Suicide attempts/thoughts? |  |  | If “Yes”, list dates, how attempted. |
| Family history of mental illness? |  |  |  |
| Referred to juvenile detention? |  |  |  |
| Involvement with police? |  |  | If “Yes”, list all dates, offenses/dispositions. |
| Stealing? |  |  |  |
| Lying? |  |  |  |
| Prior placements with family or institutions? |  |  | If “Yes”, list all placements and outcomes. |
| Parents having multiple partners? |  |  |  |
| Disciplinary problems at school? |  |  | If “Yes”, list expulsions, ISS/alternative school. Etc… |
| Special Education needs? |  |  |  |
| Poor academic performance? |  |  |  |
| Truancy? |  |  |  |
| Siblings? Relationships with them? |  |  |  |

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| **OFFICE USE ONLY** |

Estimated LOC?  BASIC  MODERATE  SPECIALIZED  INTENSE  
Appropriate referral to CHC?  YES  NO   
If “Yes”, send referral packet by:  Mail  E-Mail  Fax

Application Requested: Yes  No   
Application sent on : Click or tap to enter a date.

Received back in office on : \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Notes: