

WVDHHR Youth Program Referral

(Please answer all questions to the best of your ability and submit any supporting documentation.)

- 1.) What is the reason for referral?
- 2.) What is the youth's current Permanency plan?
- 3.) Where is the youth currently residing?
- 4.) What is the youth's Full Scale IQ?
- 5.) Does the youth need Sexual offender treatment?
- 6.) Does the youth need Substance Abuse treatment?
- 7.) Is the youth currently detoxing from substances?
- 8.) Does the youth have a physical/medical disability that requires extensive medical intervention?
- 9.) Does the youth require primary eating disorder treatment?
- 10.) . Is youth currently suicidal? Yes No
- 11.) Does youth have a history of suicidal behavior? Yes No
- 12.) Is youth actively Psychotic? Yes No
- 13.) Is youth currently homicidal? Yes No
- 14.) Does youth have a history of homicidal behavior? Yes No
- 15.) Does youth have a history of fire setting/ arson? Yes No
- 16.) Does youth have a severe neurological impairment? Yes No
- 17.) Does youth have a paraphilia diagnosis? Yes No
- 18.) Does youth have a history of violent behavior? Yes No
- 19.) Is the youth physically assaultive towards adults? Yes No
- 20.) Is the youth physically assaultive towards peers? Yes No
- 21.) What is the youth's current grade level?
- 22.) What is the name of the last school the youth attended?
- 23.) Does the youth have a history of disciplinary issues in the school setting? Please list these behaviors:
- 24.) Has the youth been expelled from school? Date of expulsion?
- 25.) Is the youth currently prescribed any medication?
- 26.) List Medications:
- 27.) Youth has the following diagnosis:
- 28.) Diagnosis rendered by: _____ on:
- 29.) Are there any other treatment needs of note for the youth?