

Lad Lake Residential Referral Form

Referral Agency Name	Placing Worker Name(s)	Worker Phone #	Worker E-mail

Referred Youth Name	Youth Date of Birth	Youth Social Security #	Next Court Date

Name of Current Placement	Current Placement Address	Current Placement Phone Number	Contact Person for Current Placement

Reason(s) For Referral (Recent concerns/behaviors, MH struggles, why RTC is needed) <div style="height: 200px; border: 1px solid black;"></div>	Current Court Orders (Please specify if CHIPS, JIPS, Delinquent and include exp date) <div style="height: 40px; border: 1px solid black;"></div> History of Charges (include name of charge and when) <div style="height: 60px; border: 1px solid black;"></div> Current Pending Charges <div style="height: 60px; border: 1px solid black;"></div> Names of any No Contact Orders <div style="height: 60px; border: 1px solid black;"></div>
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Diagnosis <div style="height: 60px; border: 1px solid black;"></div>	Current Medications <div style="height: 60px; border: 1px solid black;"></div>	
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Previous Placements name, dates of placement, why discharged)
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Current School Name and Address (or specify if HSED)	Current Grade	IEP (and date it expires)	Current IEP Attached to referral?

Legal Guardian(s) Name	Biological Parent: Y or N (Specify adoptive, or other)	Legal Guardian Address	Legal Guardian Phone #

Collateral Information Included in this Referral Request:

*Please include collateral information when making the referral to include current CANS, psychological/psychiatric.Evaluation, IEP information, Form DCF-F-5089 Considerations for Reasonable and prudent parenting, and any other relevant documentation that may be available. Please include signed consents for Lad Lake to request documentation for any youth who is currently placed in a facility or has previously been placed in a facility (RTC, group home, in-patient mental health).

*All referral information may be sent via e-mail to referrals@ladlake.org or via FAX to (262)965-5256.