

Lad Lake Residential Referral Form

Referral Agency Name	Referral Worker Name (Also include HSW or other workers involved)	Referral Worker Phone #	Referral 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 (AODA, Sex Offense, Etc.)	Expectation of Placement (goals, therapy)	Current Permanency Goal (Include Concurrent Goal if Applicable)

Current Court Orders (Please specify if CHIPS, JIPS, Delinquent and include exp date)	History of Charges (Include name of charge and when)	Current Pending Charges

Diagnosis (Who diagnosed and When) Specify DSM-IV or V	Current Medications (Who prescribed and dosage) Med Compliant: Y or N	Treatment and Services History (mentoring, therapy)

Contacts Allowed (include phone #s)	No Contact Orders (names)	Previous Placements name, dates of placement, why discharged)

Current School Name and Address (or specify if HSED)	Current Grade	IEP Y or N If IEP specify, LD, OHI, etc.	Special Accommodations Needed at School? (1:t)

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

Siblings Names	Siblings Age	Live Where?

*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.