



## CTH Referral/Intake Form

YOUTH DEMOGRAPHICS

NAME \_\_\_\_\_ SEX \_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

RACE		ETHNICITY
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaii or Pacific Island	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Non Hisp/Latino
<input type="checkbox"/> Am Indian/Alaska Native	<input type="checkbox"/> Two or more races	

LEGAL GUARDIAN / CUSTODIAN

Name/Agency _____	Case Manager _____
_____	Probation Officer _____
Address _____	Address <input type="checkbox"/> same as custodian
_____	Billing Agency <input type="checkbox"/> same as custodian
City,State,Zip _____	If diff, please indicate _____
Phone # _____	Phone/Fax# ( _____)

Primary Reason for Placement- Step down from more restrictive residential placement

Present Placement  Foster Home  Group Home  Detention/DYS  Parents/Relative  Residential  
 Psych Hospital

Health Insurance  Medicaid  Other \_\_\_\_\_

PROJECTED LENGTH OF STAY  
 6 – 12 Months  12 – 18 Months  24 or months or more

EDUCATION	INTELLIGENCE RANGE	# OF PREVIOUS PLACEMENTS
<input type="checkbox"/> Regular	<input type="checkbox"/> Above Average	<input type="checkbox"/> 0
<input type="checkbox"/> LD	<input type="checkbox"/> Average	<input type="checkbox"/> 1 – 3
<input type="checkbox"/> SBH	<input type="checkbox"/> Borderline	<input type="checkbox"/> 4 – 7
<input type="checkbox"/> Multi handicapped	<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> 8 Plus

VICTIMIZATION HISTORY	BEHAVIORAL HISTORY	AGGRESSION HISTORY
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Theft	<input type="checkbox"/> Assault history
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Run away	<input type="checkbox"/> Property destruction
<input type="checkbox"/> Neglect	<input type="checkbox"/> Truant	<input type="checkbox"/> Verbal aggression
<input type="checkbox"/> Emotional	<input type="checkbox"/> Fire setter	<input type="checkbox"/> Self injurious
<input type="checkbox"/> None	<input type="checkbox"/> Unruly- adjudicated	<input type="checkbox"/> Animal Cruelty
	<input type="checkbox"/> Delinquent- adjudicated	<input type="checkbox"/> Other _____
	<input type="checkbox"/> None	<input type="checkbox"/> None

SEXUAL HISTORY	PSYCHIATRIC HISTORY
<input type="checkbox"/> Registered sex offender	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Adjudicated sex offender	<input type="checkbox"/> Psychotic diagnosis
<input type="checkbox"/> Non Adj. sex offender	<input type="checkbox"/> Depressive diagnosis
<input type="checkbox"/> Sexually reactive	<input type="checkbox"/> Developmental diagnosis
<input type="checkbox"/> Promiscuous	<input type="checkbox"/> Other _____
<input type="checkbox"/> None	<input type="checkbox"/> None

Please attach a Comprehensive Child Study Inventory