



Community Teaching Homes, Inc.

PO Box 400, Holland, Ohio 43528

6715 Dorr St, Toledo, Ohio 43615

Phone: (419) 868-1178 Fax: (419) 868-1989

Office Use Only

Placement Chosen Yes No

Placement Home

Placement Date

Referral Form

Referral Date:

Youth Information

Youth Name

Sex: Female Male

Ethnicity:

SS #:

DOB:

Race:

Medicaid #:

Custody:

Legal Guardian:

Legal Guardian

Date Needed:

Referring Entity:

Projected Length of Stay:

Address:

Post Placement Plan:

Case Worker:

Phone:

Other (Describe):

Other Involved Parties

Relationship	Name	Address	Phone	Email

Visitation Specifications

Approved Contact	Name	Relationship	Address/Phone #/Email	Facility Visits	Home Visits	Phone Calls	Letters /Email	Social Media	Supervision Required
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Visitation schedule including transportation requirements:

Placement Referral

Reason for Referral:

Current Diagnosis:

Previous Placement:

of Placements:

Education:

Intelligence Range:

Attach the following ...	
Child Study Inventory	<input type="checkbox"/>
Med/Ed Form	<input type="checkbox"/>
Court Paperwork	<input type="checkbox"/>
Any other information	<input type="checkbox"/>

History	
Emotional Abuse	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>

Sexual Offender	
Registered SO	<input type="checkbox"/>
Adjudicated SO	<input type="checkbox"/>
Non Adjudicated SO	<input type="checkbox"/>
Suspected SO Behavior	<input type="checkbox"/>
Sexually Reactive	<input type="checkbox"/>

Behaviors	Current	Past
Animal Cruelty	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>
AWOL	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse/Use	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>
Promiscuous	<input type="checkbox"/>	<input type="checkbox"/>
Property Destruction	<input type="checkbox"/>	<input type="checkbox"/>
Self-Injurious	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<input type="checkbox"/>	<input type="checkbox"/>
Truant	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Aggression	<input type="checkbox"/>	<input type="checkbox"/>