**SC CHILDREN'S SERVICES UNIVERSAL REFERRAL APPLICATION, Page 1**

Date of Referral: _____ Date Placement or Service Needed:

Reason for Referral/Statement of Need (Explain client's problems and needs, and include an estimate of the severity and urgency of the client situation. Attach additional page as necessary):

Requested Service or Placement:

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**CLIENT INFORMATION**

Client Name: _ AKA/Nickname: _____

SSN (last four digits): Medicaid Number: _ Age: _____

Birth date: _____ Gender: _____ Height: __ _____ Weight: __ ___

County of Legal Residence/Custody: _____ US Citizen? __Y__ Legal Immigrant?____

Current Placement/Location: __ LOC: _____

**PARENT/GUARDIAN/RESPONSIBLE PARTY**

Name: ___ Relationship to Client: _____

Address: _____
phone: _____
Fax: _____
E-mail: _ _____

**REFERRING PARTY**

Name: _____ Relationship to Client:
Address: _____
Phone: _____ Fax: _____
E-mail:

Note: Placement and/or service authorization is not reimbursable unless formally approved by an authorized employee of the referring agency.

**SC CHILDREN'S SERVICES UNIVERSAL REFERRAL APPLICATION, Page 2**

Other Involved Agencies: _____

**Client Name**: _____

## CLIENT STRENGTHS

Strengths: (Check all that apply)

- ☐ Strong Family Support
- ☐ Appropriate Reading Level
- ☐ Resiliency/Coping Skills
- ☐ Interests_____
- ☐ Religious Affiliation/Preference
- ☐ Other Personal Support
- ☐ Average/Above IQ
- ☐ Good Socialization Skills
- ☐ Interests_____
- ☐ On Grade-Level
- ☐ Good Verbal Skills
- ☐ Good Personal Hygiene
- ☐ Other _____

_____

**CLIENT PROBLEMS** (Check all that apply, **indicating whether a problem is Current (C), within the last three months, or in the Past** (**P**), and the **frequency or severity rating (SR)** of the issue – **1 = Not too frequent or serious; 2 = moderately frequent or serious; 3 = very frequent and/or severe**. You must describe or explain all items checked, in the space below the chart.):

| C | P | | SR | C | P | | SR |
|---|---|---|---|---|---|---|---|
| ☐ | | Abandonment/Attachment Issues | | ☐ | ☐ | Aggressive (Physical) | |
| | ☐ | Aggressive (Verbally) | | ☐ | ☐ | Alcohol/Drug Use | |
| ☐ | | Anxiety | | ☐ | ☐ | Arson/Fire Setting | |
| ☐ | ☐ | Attention Seeking | | ☐ | ☐ | Chaotic Home Situation | |
| ☐ | ☐ | Delusional | | ☐ | ☐ | Destroys Property | |
| ☐ | ☐ | Mild Depression/Sadness | | ☐ | ☐ | Moderate/Severe Depression | |
| ☐ | ☐ | Difficulty with Authority | | ☐ | ☐ | Developmentally Delayed | |
| ☐ | ☐ | Encopresis | | ☐ | ☐ | Fire Setting | |
| ☐ | ☐ | Eating Disorder | | ☐ | ☐ | Hyperactive | |
| ☐ | ☐ | Lies/Not Truthful | | ☐ | ☐ | Loss/Grief Difficulties | |
| ☐ | | Low self-esteem | | ☐ | ☐ | Oppositional/Defiant | |
| ☐ | ☐ | Phobic Reactions/Behavior | | ☐ | ☐ | Physical/Medical Conditions (specify) | |
| ☐ | | Poor Personal Hygiene | | ☐ | ☐ | Problems with Walking | |
| ☐ | ☐ | Poor Social Skills | | ☐ | ☐ | Problems at School | |
| ☐ | ☐ | Self-Destructive Behavior | | ☐ | ☐ | Sexually Inappropriate | |
| ☐ | ☐ | Sibling Related Difficulty | | ☐ | ☐ | Suicidal Gestures/Attempts | |
| ☐ | ☐ | Steals | | ☐ | ☐ | Truancy | |
| ☐ | ☐ | Needs Protection from Others | | ☐ | ☐ | Unruly/Ungovernable | |
| ☐ | ☐ | Aggressive (Sexual) | | ☐ | ☐ | Poor Coping Skills | |
| ☐ | ☐ | Antisocial/Criminal Behavior | | ☐ | ☐ | Poor Reality Orientation | |
| ☐ | ☐ | Autism/Autism Spectrum | | ☐ | ☐ | Running Away | |
| ☐ | ☐ | Cruelty to Animals | | ☐ | ☐ | Sexually Provocative | |
| ☐ | ☐ | Expelled/Not in School | | ☐ | ☐ | Adjudicated/Convicted Sexual Offender | |
| ☐ | ☐ | Manic/Mood Swings | | ☐ | ☐ | Suicidal Ideation | |
| ☐ | ☐ | Enuresis/Bedwetting | | ☐ | ☐ | Trust Issues | |
| ☐ | ☐ | Functionally Illiterate | | ☐ | ☐ | Victim of Neglect | |
| ☐ | ☐ | Impulsive | | ☐ | ☐ | Victim of Physical Abuse/Violence | |
| ☐ | ☐ | Manipulative | | ☐ | ☐ | Victim of Sexual Abuse | |
| ☐ | ☐ | Parental Neglect Issues | | ☐ | ☐ | Victim of Emotional Abuse | |
| ☐ | ☐ | Language Limitations | | ☐ | ☐ | Wheelchair/Adaptive Devices | |
| ☐ | ☐ | Gang Involvement | | ☐ | ☐ | Other (specify | |
| ☐ | ☐ | | | ☐ | ☐ | | |

**Explanation (attach additional pages and documentation as necessary):**

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**Client Name**: _____

**PLACEMENT HISTORY (Attached)**

Number of Previous Placements: Please list all placements **in past 3 years**, including periods of incarceration and psychiatric hospitalizations. Attach additional pages as necessary or desired.

| Placement History | | | |
|---|---|---|---|
| **Name & Type of Placement** (Beginning with current placement) | **Start Date** | **End Date** | **Reason For Move** |
| | | | |
| | | | |
| | | | |
| | | | |

MEDICAL INFORMATION

CURRENT DIAGNOSES – ICD-9 or DSM IV-TR (list past diagnoses if relevant):

| **Axis** | **Diagnosis** | **Date Given** | **Source** |
|---|---|---|---|
| **I** | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MEDICATIONS (List all **current** medications, dosages, and instructions. Attach additional page if needed):

| Medication Name | Dosage | Instructions |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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**Client Name**: _____

**MEDICAL INFORMATION** (continued)

Client's Primary Physician: Phone:

Date of Last: Physical Exam: Dental Exam: Eye Exam:

Allergies

Special Dietary Needs:

List any current or prior medical conditions, physical disabilities, adaptive devices, or specialty medical care that a provider needs to accommodate.

**SCHOOL INFORMATION**

Official Home School District (where parent/guardian/custodial agency resides):

Is the client currently attending any school? **Yes** ☐ **No** **If NO**, why not: _____

Is the client currently functioning on grade level? **Yes** ☐ **No** Comments: ____She functions on level, but she is not on grade level_____

List last five schools attended, beginning with the current/most recent school:

| SCHOOL ATTENDED | DATES | | GRADE | COMPLETED? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has client ever been classified Special Education? ☐ **UNKNOWN** **NO** ☐ **YES**

IF YES, primary classification: _____ Secondary Classification: _____

| | | | |
|---|---|---|---|
| Does client have a current IEP? | ☐ No | ☐ Yes | IF YES, date: |
| Does client have a section 504 Accommodation Plan? | ☐ No | ☐ Yes | IF YES, date: |
| Is client currently under recommendation for expulsion? | ☐ No | ☐ Yes | IF YES, Explain below: |

Explain any school-related problems or conditions needing to be accommodated:

**Attach additional information or documentation necessary to make an informed placement decision (including CALOCUS, CBCL, GAIN SS, Psychological, medical or program notes, discharge summaries, etc.).**

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