**APPLICATION FOR PLACEMENT**

**To Referring Agency, Caseworker, Case Manager and Parents:**

Thank you very much for your interest in our programs. We offer an array of care and therapeutic settings designed to meet the needs of youth and families in a variety of ways.

In an effort to make the referral process quicker and easier, we have a new, shorter application. We also accept the common application. If you know which facility or program you’re interested in, please note that on the application. If you need assistance in determining the best service for your child our Director of Residential Care, Melissa Arno, (406) 541-1645. Program information can be found on our website at [www.youthhomesmt.org](http://www.youthhomesmt.org). Please fax to: (406) 721-0034

Once we receive a completed application, we’ll review it with our admissions committee comprised of staff and community members. Decisions are based on our admissions criteria by program, which are available to you by request. Please let us know if you are pressed for time and the specifics of the situation. We do our best to accommodate youth and families in a timely manner. The information you provide in the application is protected by HIPPA and the agencies that place with us.

If your referral is accepted, we will contact you to make plans for placement and to gather additional information needed for placement, required by licensing, and documentation authorizing payment. We will work with you to make sure that everything needed is in place prior to placement.

If a youth is denied admission, we will contact you stating the reasons for denial and with recommendations for a more appropriate placement based on the youth’s individual situation. If accepted,

Our programs expect the youth in our care to work toward self-improvement. We encourage youth to be honest with themselves, us and others in their lives. Our programs are designed to be safe and caring. Youth in our care can expect us to be open, fair, dependable, consistent and demanding when appropriate. We have high hopes for the young people who will learn and grow with us.

Thank you very much for considering Youth Homes.

Sincerely,



Geoffrey L. Birnbaum

Executive Director

To place a youth in our care, you must have the authority to place and have sources identified for payment and a completed application with attachments. In addition to the application, please provide the following:

A current social history

A current clinical assessment (for a youth to be placed in Therapeutic Group Care) - completed within the past year.

A discharge summary from the most recent placement

Any court order in place for the youth

Releases to enable Youth Homes to discuss the youth with previous providers.

Contact information for providers and/or people list on ROI.

To make a placement, we are required to have this information in advance.

**APPLICATION FOR PLACEMENT**

Program: Click here to enter text.

Date of application: Click here to enter text.

Child’s Name: Click here to enter text. Date of Birth:Click here to enter a date.

Gender: Click here to enter text. Social Security #:Click here to enter text.

Placing Agent/Agency: Click here to enter text.

Person making the referral: Click here to enter text.

Parental rights are with:

Mother: Click here to enter text. Contact Info (phone/address): Click here to enter text.

Father: Click here to enter text. Contact Info (phone/address): Click here to enter text.

Step Parent: Click here to enter text. Contact Info (phone/address): Click here to enter text.

Guardian: Click here to enter text. Contact Info (phone/address): Click here to enter text.

Sibling: Click here to enter text. Age: Click here to enter text. With Family?  Yes  No

Sibling: Click here to enter text. Age: Click here to enter text. With Family?  Yes  No

Sibling: Click here to enter text. Age: Click here to enter text. With Family?  Yes  No Please Describe Family Dynamics: Click here to enter text.

Current Therapist: Click here to enter text. Contact Info: Click here to enter text.

Reason for referral (*Please describe significant behaviors within last 30 days*): Click here to enter text.

Case Goals: Click here to enter text.

Expected length of stay: Click here to enter text.

Discharge plan: Click here to enter text.

Highest Grade Completed: Click here to enter text. Current School: Click here to enter text.

Educational needs (*IEP, CSCT or 504 Plan?)*: Click here to enter text.

Juvenile Justice Involvement: Click here to enter text.

Mental Health Service History:  
With emphasis on past few years, beginning with most recent:

|  |  |  |
| --- | --- | --- |
| Type of Service | Dates | Reason for Discharge |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Placement History:  
With emphasis on past few years, beginning with most recent:

|  |  |  |
| --- | --- | --- |
| Name of Placement | Dates | Reason for Discharge |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Youth’s strengths: Click here to enter text.

Is Child Danger to Self?  Yes  No  Unknown

Has Youth Had: a. Suicidal Gesture:  Yes  No  Unknown

b. Suicidal Attempts:  Yes  No  Unknown  
c. Self-Harm:  Yes  No  Unknown

Suicide Risk Assessment:  High  Moderate  Low

Other: Click here to enter text.

Is Child A Danger To Others?  Yes  No  Unknown

If yes, explain: Click here to enter text.

Number of Runaways: Click here to enter text.   
From Home: Click here to enter text. From Placements: Click here to enter text.

History of Fire Setting:  Yes  No  Unknown   
History of Cruelty to Animals:  Yes  No  Unknown

History of Explosive Behaviors:  Yes  No  Unknown

Has This Child Been Sexually Abused?  Yes  No  Unknown

If yes, briefly explain: Click here to enter text.

Is This Child A Sex Offender?  Yes  No

If yes, what is the risk to re-offend?  High  Moderate  Low

Explain Sexual Offense History: Click here to enter text.

Additional Behaviors of Concern: Click here to enter text.

Diagnosis: Click here to enter text.

Evaluator: Click here to enter text. Date: Click here to enter a date.

Medications: Click here to enter text.

Does youth have substance abuse or chemical dependence history?  Yes  No

If yes, explain: Click here to enter text.

Has youth received chemical dependency treatment?  Yes  No

Out-patient: Click here to enter text.

In-patient: Click here to enter text.

Current status: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person with authority to place or representative of same

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Phone

**RELEASE OF AND REQUEST FOR INFORMATION**

Youth’s Name Click here to enter text.

I give my permission to Youth Homes to release information to the following persons and/or agencies:

Click here to enter text.

I give my permission to Youth Homes to obtain information from the following persons and/or agencies:

Click here to enter text.

**The information to be released and obtained may include: medical records, mental health records, court records and education records.**

I authorize the above persons and/or agencies to disclose information to facilitate my involvement with Youth Homes. I understand that this information will not be forwarded to anyone other than those participating in my involvement with Youth Homes.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_