

DAN FOX FAMILY CARE PROGRAM

Therapeutic Foster Care Referral

Please submit this application and any additional documents (including a court order indicating custody, clinical assessments, evaluations, a release of information for all providers, IEP, and other pertinent information) to **Katelyn Scholle** via fax (543-0356) or email kscholle@youthhomesmt.org. Once we receive this information, we will contact you and other members of the team to ask additional information as needed. We review referrals every other Monday. Please note that we cannot review referrals for youth who are currently requiring restraints in their placement. **If you have any questions, please call Katelyn Scholle at 541-1663.**

Youth Name:

Date of Birth:

Place of Birth:

Social Security Number:

Sex:

Race:

Person making referral (name, position and contact information):

Legal guardian (name and contact information):

Other team members:

Healthy Montana Kids or Healthy Montana Kids Plus (Medicaid) number:

Who will pay for room and board?

Family Information

Have parents' rights been terminated?

Does the youth need to be adopted?

Issues in family of origin, including psychiatric, chemical dependency, and relationship problems:

Please detail circumstances which led to the youth's removal from home and need for placement in foster care:

Previous removals from parents:

Please describe any visitation plans between the youth, parents, and siblings, if appropriate.

Birth mother name:

Current living situation, contact information, and level of involvement with youth:



Birth father name:

Current living situation, contact information, and level of involvement with youth:

Other parental figure:

Current living situation, contact information, and level of involvement with youth:

Siblings (names, ages and placements):

Other parents or parental figures:

Current living situation, contact information, and level of involvement with youth:

Biological family's strengths:

Resources available to biological family:

Goals for biological family:

Youth Information

Current placement:

Contact person at placement (name and contact information):

Placement date:

Discharge date:

Therapist (name and contact information):

Diagnosis:

Current medications and doses:

Therapeutic progress in current placement:



Previous placements (including dates and reason for discharge):

Description of disruptive or detrimental behaviors:

History of problems in peer relationships:

Delinquent history:

Substance abuse/addiction history:

Medical history and allergies to medications:

Check all risk factors:

	Past	Current
<input type="checkbox"/> Domestic violence	_____	_____
<input type="checkbox"/> Suicidal ideation	_____	_____
<input type="checkbox"/> Victim of child abuse	_____	_____
<input type="checkbox"/> Victim of sexual abuse	_____	_____
<input type="checkbox"/> Eating disorder	_____	_____
<input type="checkbox"/> Evidence of psychosis	_____	_____
<input type="checkbox"/> Threat to others	_____	_____
<input type="checkbox"/> Other, describe: _____	_____	_____

Please elaborate on "yes" response(s) to risk factors:

School Information

Current school:

Grade:

Special needs (IEP, CSCT, etc.):



Summary of school functioning:

History of school attendance and performance including maladaptive behaviors, suspensions and expulsions:

Reason for Referral

DAN FOX FAMILY CARE PROGRAM Therapeutic Foster Care Case Plan

Youth Name:

Discharge plan including anticipated length of stay in therapeutic foster care:

Initial case goals for the youth and family:

GOAL 1: _____

GOAL 2: _____

GOAL 3: _____

GOAL 4: _____

Our program will take the responsibility for carrying out these steps with the family.

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Placement Recommendations

Youth Name:

The following section gives you the opportunity to give our placement committee some guidance in its efforts to match your youth with a placement family. Please describe the type of foster/adoptive family that you feel would best meet this youth's placement needs.

Please describe the ideal number and sex of parents in the family with a brief rationale for your choice.

Please describe the ideal number, age range, and sex of siblings in the family with a brief rationale for your choice.

What is the ideal geographic placing area (county/town) for this youth and why?

What services does this youth need to continue?

What new services would you like this youth to access?

Could the youth switch individual or family therapists if necessary?

Could the youth change schools if necessary?

What type of family situation would be inappropriate for this youth? *Please give a brief rationale.*

Do you know of a family that would meet this youth's placement needs? *If so, who?*

What do you think is the ideal speed of transition for this youth from his/her current placement into therapeutic foster care/pre-adoptive placement and why?

Additional comments: