RESIDENTIAL REFERRAL FORM

Chisholm House, Residential Treatment Services for Corrections, Residential Treatment Services for Mental Health or Semi-Independent Living

Please complete this form to the best of your knowledge, print, and then fax to the attention of Glenn Dallmann, Admissions Coordinator – Fax: 218-728-7501 – E-mail: gdallmann@woodlandhills.org – Phone: 218-728-7500 ext. 143. You will be contacted within one business day to verify receipt of your referral. Thank you for choosing Woodland Hills!

Referral to which program?

☐ Chisholm House – Length of stay? _____ days ☐ Residential Treatment Services for Corrections ☐ Semi-Independent Living Program	☐ Residential Treatment Services for Mental Health

Client Information

Client's Full Name	Nickname		Gender ☐ Male ☐ Female	
Date of Birth	Place of Birth		Social Security No.	
Last Known or Permanent Address	City		State	Zip
Home Phone	Current Placement or location		Height	Weight
Race/Ethnicity	Primary Language		Spiritual or religious affiliation	
Tribal Affiliation, if any	Is client adopted? ☐ Yes ☐ No	Age at first adoption?	# finalized adoptions?	Is client a State Ward? ☐ Yes ☐ No
Medical Insurance Provider and Policy No. Primary:		Secondary:		
Legal Status of Placement ☐ Delinquency ☐ EJJ ☐ CHIPS ☐ Voluntary			Judge's Name	
Date and Time of Court Hearing	Court File No.			

Contact Information

Parent/guardian

(1) Parent/Guardian name	Parent's Date of Birth	Client lives with this parent? ☐ Yes ☐ No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
(2) Parent/Guardian name	Parent's Date of Birth	Client lives with this parent? ☐ Yes ☐ No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Who has custody of the client?			
Any restrictions on either parent's involvement? ☐ Yes ☐ No If yes, what?			
Will the parent(s)/guardian(s) be supportive of and/or involved with this placement? ☐ Yes ☐ No If no, why?			

Lead Worker			
Referring agency	Worker's name	Phone	
Street address	City	State	Zip
E-mail	Cell	Fax	

Other Professionals Currently Working with this Client		
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone

Current School		
School and/or District #	School Contact for this Client:	Phone
Client's current grade level?	Does the client have an IEP? (please send) ☐ Yes ☐ No	If yes, primary disability?

Client Profile

What are the presenting problems that lead to requiring an out-of-home placement?

What is the history of or contributing factors to the client's problems?

What are some of the client's assets, strengths, interests or abilities?

Current/Most Recent Diagnosis	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	Date of Assessment?

List client's current medications.

Any health concerns or physical limitations?
☐ Yes ☐ No If yes, explain:

Any cognitive, developmental, or IQ concerns?
☐ Yes ☐ No If yes, explain:

Any school related problems
☐ Yes ☐ No If yes, explain:

Currently suicidal? Any history of suicide or self-harm? Any hospitalizations for mental health?
☐ Yes ☐ No If yes, explain:

Any chemical abuse? Any Treatment Interventions?
☐ Yes ☐ No If yes, explain:

Any history of abuse, neglect, or trauma?
☐ Yes ☐ No If yes, explain:

Any safety concerns of client being vulnerable with his/her peers?

☐ Yes ☐ No If yes, explain:

Any history of this client victimizing or harming others?

☐ Yes ☐ No If yes, explain:

Is he/she considered a flight risk?

☐ Yes ☐ No If yes, explain:

Delinquency History (or attach an offense history report)

Current to Prior Offenses	Class/Degree	Offense Date	Disposition

History of Services Delivered

Outpatient Services

Name of Agency	Dates of Service	Result

Residential Services

Name of Agency	Dates of Service	Result

Services You Are Requesting

What treatment goals do you have for your client?

What additional services does your client need?

What is the post-placement plan for your client?

Supporting Documentation to be Provided When Applicable

- ☐ Psychological or Diagnostic Assessments
- ☐ Psychiatric Reports
- ☐ Social/Family Assessments
- ☐ Court Reports
- ☐ Copy of Court Orders
- ☐ CASII or YLSI assessment
- ☐ Individual Education Plan (IEP)
- ☐ Program Discharge Reports
- ☐ Substance Abuse Assessment (Rule 25) – Most Recent
- ☐ Copy of Out-of-Home Placement Plan
- ☐ Voluntary Placement Agreement
- ☐ Other:

Use this space for any additional information you wish to share.

Thank you