



PRINT OR TYPE. If necessary, attach additional information.

TO: Youth Service Bureau

Name of child		Address of child		Date of birth
Child's gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Preferred Language		
Child's race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Child's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Indian tribe/reservation, if any		School/grade		
Name of Parent/Guardian/Other Custodian		Relationship to child		

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home: _____ Cell: _____ Work: _____

(Optional) Name of Parent/Guardian/Other Custodian _____ Relationship to child _____

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home: _____ Cell: _____ Work: _____

Please check all that apply

I believe that the above family is in need of services because it includes a child who:

- A. Has run away from his or her parental home or other properly authorized and lawful place of abode without just cause.

When (Date)	For how long	To where (If known)
Previous history of running away		

- "X" here if the child has been missing for more than twenty-four (24) hours at the time of this application
- "X" here if you have contacted the police and reported the child as missing.

- B. Is beyond the control of his or her parent(s), guardian or other custodian. (Describe behavior and date(s) of incident(s))
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- C. Has engaged in indecent or immoral conduct. (Describe behavior and date(s) of incident(s))
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Additional Information

Please provide information regarding the following, if available:

Current mental health diagnosis of the child (If known):

Additional Information - Continued

1. Has the child received help for problem behaviors in the past?

No Unknown Yes (*when and where*):

2. Does the child currently see a counselor/clinician?

No Unknown Yes (*specify counselor/clinician's name and agency*):

3. Does the child currently take any medications?

No Unknown Yes (*describe type and frequency*):

4. Does the child currently abuse any medications?

No Unknown Yes (*describe type and frequency*):

5. Does the child use substances (alcohol, tobacco, drugs)?

No Unknown Yes (*describe type and frequency*):

6. Has the child been in the hospital recently?

No Unknown Yes (*specify dates and reasons*):

7. Has the family been involved with the Department of Children and Families?

No Unknown Yes (*when*):

8. Has the child been involved with Juvenile Court?

No Unknown Yes (*when*):

9. Has the child been involved with a Juvenile Review Board (JRB)?

No Unknown Yes (*when*):

10. Has the child violated family-defined curfew?

No Unknown Yes (*specify*):

11. Does the child engage in verbal arguments in the home beyond simple talking back (*i.e., screaming or swearing*)?

No Unknown Yes (*specify how often*):

12. Does the child engage in physical violence?

No Unknown Yes (*describe and specify how often*):

13. Has the child had previous out-of-home placements, including with other family members?

No Unknown Yes

When (<i>Dates</i>)	For how long	Where
Reason(s)		

Comments

Please further explain the behaviors leading to this referral. Should we know anything else about your child?

Print Name	Signature	Date signed
Relationship to child or Agency/Title (<i>if applicable</i>)	Phone Number	For Police Purposes: Case Number