

Attachment B

**RICHLAND COUNTY YOUTH AND FAMILY COUNCIL
REFERRAL FOR SERVICES**

Please print and complete the following client information form as **thoroughly** as possible.

Date: _____ Child's Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Home Phone Number: _____ Work or Other Phone Number: _____

Best way to contact family: _____

Parent(s)/Guardian Name(s): _____

Address: _____

Emergency Contact Name(s): _____

Emergency Contact Phone Number: _____

Does child have a Primary Care Physician? _____

Name Primary Care Physician: _____

Child's School District: _____ Child's Current Grade Level: _____

Does Child have an IEP? Yes No Unknown

Educational setting at the time of the referral:

- Public School Home Instruction
- MR/DD Suspended
- Alt. School Expelled
- Vocational School

Please describe this child's needs which warrant a referral for services, including any violent and aggressive behaviors. (Attach an additional page if necessary)

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Juvenile Court Involvement

Current Previous Pending N/A

Adjudicated delinquent (other than violent offense).....

Adjudicated unruly.....

Charged and/or adjudicated (felony/misdemeanor
Offense of violence).....

Probation.....

Paroled.....

DYS Committed.....

Child Behavior

01 Health Problems		12 Homicidal Threats		23 Stealing	
02 Physical disability		13 Hyperactivity/ Attn. deficit disorder		24 Suicide Attempt	
03 Low intelligence/ Developmental Delay		14 Inappropriate Sexual Behavior		25 Suicidal Ideation	
04 Learning Disability		15 Problems in Authority Relations		26 Tantrums/Severe Anger	
05 Underachievement		16 Problems in Peer Relations		27 Truancy	
06 Victim of Physical/Sexual Abuse		17 Peers outside of age range		28 Unwarranted Aggression/ Assault	
07 Victim of neglect		18 Running Away		29 Vandalism	
08 Fighting		19 School Behavior Problems		30 Withdraw	
09 Fire setting/ Arson		20 Self- Mutilation		31 Other	
10 Hallucinations or Delusions		21 Sex Offender		32 N/ A	
11 Homicidal Attempts		22 Sleep Disturbance		33 Child is age 0-3	

Response to referral:
