

Youth & Family Services, Inc.
Halcyon House

REFERRAL INFO SHEET

Date: _____ Time: _____
Staff: _____

From: _____
Referring Agent Address Phone

Re: _____
Name Age Custody of
D.O.B. _____

General Information:

In whose custody: _____

Address/Phone: _____

If State, what precipitated involvement: _____

Statement of immediate problem: _____

Family situation: _____

Legal history:

Involvement with the law: _____

Legal Status: _____

Court Dates: _____

School Work Situation: _____

IQ (if known:) _____

Youth & Family Services, Inc.
Halcyon House

Does Guardian want their child to attend SAD 54? Yes ___ No ___ If no, explain: _____

Drug and Alcohol Involvement: _____

Past Placements/Evaluations: _____

Violent Behavior: _____

Suicide Attempts: _____

Arson/Fascination with Fire: _____

Sexual Involvement: _____

Special Problems/Medication/s: _____

If on psychotropics, need to supply us with a current physician's report as to why _____

What is their diagnosis: _____

Who diagnosed the child: _____

Expected length of stay: _____

Is Client Entering Program Voluntarily: _____

Who is Responsible for Signing Papers: _____

Funding Source: _____

If Title XX-BSSS-029: _____

Family Monthly Income: _____

Have They Been Referred Before: _____

Social Security Number: _____ Medicaid Number: _____

Decision of Acceptance: _____

Worker is Requesting: Discharge Summary: _____ None: _____

Future Options:

Send referrals to:

Halcyon House

5 Commerce Dr

Skowhegan, ME 04976

Fax: (207) 474-8574

Youth & Family Services, Inc.
Halcyon House

Revised 11/6/03