

# Shelter Referral Universal Screening Instrument

Please be as thorough as possible. If you don't know, manually enter "UNK".  
Nothing here necessarily results in a denial of placement – instead it prompts further discussion.

Name of Shelter:	Date & Time:
Person making referral:	Staff taking referral:
Contact phone:	Email address:

**Referral Source Information:**

JJS, PS, or Joint JJ/PS Case or Tribal Social Services:			
PS/TSS Office Address:			
PS/TSS Primary Worker Name:		Email:	
PS/TSS Primary Phone:			
PS/TSS Supervisor Name:		Email:	
PS/TSS Supervisor Phone:			
JJS JPO Worker Name:		Email: UNK	
JJS JPO Primary Phone:		On call phone if available: UNK	
Send Copy of Chronological History?	YES	NO	Send Copy Custody Order?
			YES      NO

**Parent / Legal Guardian Information:**

Parent / Guardian Name:		
Street Address:		
Town / City / Pueblo / Tribe:		Zip Code:
Contact Number Phone:		Email:

**Child / Youth Referral Information:**

Child/Youth First Name:		Child/Youth Last Name:	
County of Origin:	US Citizen?	YES	NO
D.O.B.:		Age:	Sexual Orientation:
Social Security #:		Gender Identity:	
Medicaid #:		Has Children?	YES      NO
		Is pregnant?	
Which one?	BCBS	Molina	United Health
		Presbyterian	Private:

**Nature of Crisis/Referral Reason:**

---



---



---



---

**Plan:**

---



---

Is youth on a 48hr hold: YES/NO	Details:
------------------------------------	----------

**Child/Youth History:**

# Arrests Past Year UNK	0	1	2	3	4	5	6	# School Expulsions Past Year UNK	0	1	2	3	4	5	6
# Placement Moves Past Year 3	0	1	2	3	4	5	6	# School Suspensions Past Year UNK	0	1	2	3	4	5	6
Reasons for each move:															
Name of Last School:								Grade Level?							
Special Ed (IEP or IBP)?				YES NO				Date Last Attended?							
Mental Health Diagnosis				<b>(Circle all that apply):</b> ADHD, Depression, Anxiety, Conduct Disorder, PTSD, Oppositional Defiant, Bipolar, Dysthymic, and/or Reactive attachment. Other:											
Assessment(s) available For Review?		YES NO		Date of last assessment:											
Ever Had M.H. Treatment?		YES NO		Where?											
Youth currently under care of a MH clinician?		YES NO		Where and with who?											
Currently On Psychotropic Meds?				YES NO				Is youth med compliant?				YES NO			
Name of Med(s): n/a															
Current Substance Use?		YES X NO		<b>Drug of Choice (Circle all that apply):</b> Alcohol, Marijuana, Cocaine, Crack, Meth, Heroin, Pills, Spice, and/or Triple C's. Other:											
Client Currently Withdrawing? UNK		YES NO		From:											
# of days since last use of any substances:								Any details:							
Needs Medical De-tox?				YES NO				Needs Social De-tox?				YES NO			
Homicidal by History?				YES NO				Actively Homicidal?		YES NO					
Hx of Aggression? UNK				YES NO				Towards:							
Towards self/staff/peers/property? Physical/Verbal? Explain:															
Suicidal by History?		YES NO		Explain with dates and # instances:											
Actively Suicidal? UNK		YES NO		Explain:											
Self-Injurious by Hx?		YES NO		Type:											
History of Psychosis?		YES NO		Type:											
Actively Psychotic?		YES NO		Type:											
Physical Health Diagnosis?				YES NO				Type:							
Sufficient Physical Meds On Hand? UNK				YES NO				If no, why?							
Environmental or Food Allergies? YES NO								Compliant with Non M.H. Medications?							
Type:															
Visually, Hearing, or Physically Impaired?				YES NO				Any needs?							
Victim of Abuse?		Type: Physical/Emotional/Neglect/Other: All of the above								Sexual Assault Exam needed? Yes/No					
Sexual Misconduct?		YES NO		Explain:											
AWOL by History?				YES NO				Threatening AWOL?				YES NO			
History of Fire Setting?				YES NO				History of Animal Abuse?				YES NO			
Involvement in human trafficking? YES NO															
Other:															

**Accommodation(s) / Program Modification(s) needed for placement success:**

Therapist recommends in care placement that treats both substance abuse and mental health	Person Responsible

# Shelter Referral Universal Screening Instrument

Please be as thorough as possible. If you don't know, manually enter "UNK".

Nothing here necessarily results in a denial of placement – instead it prompts further discussion.

Referral Source Signature:	Email:	Phone#:
----------------------------	--------	---------

**Placement Decision:**

<b>Decision</b>	<b>Decision Maker Name:</b>	
Approved	Intake Date and Time:	
Denied	Reason for Denial:	
Pending	Reason for Pending:	
Other	Reason (Bed no longer need/No call/no show):	
Shelter Supervisor/Referral determiner Signature:		