



Oklahoma Systems of Care

Referral Form

Referring Source / Agency: _____ Date of Referral: ____ / ____ / ____

Person making Referral: _____ Phone: _____

Youth Information

Name: _____ SSN: ____ - ____ - ____ Consolidated Claims Member #: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: ____

Race / Ethnicity: _____

If American Indian, please indicate:

Enrolled Tribe: _____

Other Tribal Identification: _____

School: _____ School Phone: _____

Caregiver Name: _____ Relationship to Child: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Indicate if the youth is:

DHS: Involved In custody DHS worker/phone: _____ / _____

OJA: Involved In custody OJA worker/phone: _____ / _____

In substance abuse or mental health treatment Agency: _____ Phone: _____

Receiving other services (specify): _____

On medications (please list): _____

Initial Screening – Please check all that apply

- The youth has behavioral/emotional symptoms that suggest a diagnosable emotional disorder.
- The youth has a significant difficulty that has lasted or is expected to last for a year or more due to her/his serious emotional disturbance.
- The youth needs, has received or has requested services or support from two or more systems.
- The youth is at risk of out-of-home placement or out-of-school placement due to the impact of the serious emotional and/or behavioral disturbance.
- The youth and her/his parent, guardian or foster parent reside in a county served by the Oklahoma Systems of Care Initiative.
- The family volunteers for this service and agrees to participate actively.

General mental health / diagnosis comments

Risk Factors (please check all that apply)

Youth Factors

- | | |
|---|--|
| <input type="checkbox"/> Runaway / leaving home without permission | <input type="checkbox"/> Chronic illness |
| <input type="checkbox"/> Withdrawal from family, social activities | <input type="checkbox"/> Self-abusive behavior |
| <input type="checkbox"/> Recent dramatic changes in eating habits, sleep pattern or body weight | <input type="checkbox"/> Repeated incidents of lying, stealing, property destruction |
| <input type="checkbox"/> Age or developmentally inappropriate bed-wetting or soiling | <input type="checkbox"/> Physical aggression toward authority figures, family members, peers |
| <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Intentionally hurts others |
| <input type="checkbox"/> Perpetrator of sexual abuse | <input type="checkbox"/> Intentionally hurts animals |
| <input type="checkbox"/> Victim of sexual abuse | <input type="checkbox"/> Sets fires |
| <input type="checkbox"/> Victim of physical abuse | <input type="checkbox"/> Involvement in criminal activity |
| <input type="checkbox"/> Use or abuse of alcohol or drugs | <input type="checkbox"/> Declining school grades, truancy, poor attendance |
| <input type="checkbox"/> Attempted suicide or suicidal thoughts | <input type="checkbox"/> School suspensions / expulsions |
| <input type="checkbox"/> Hallucinations – aural, visual or tactile | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> History of inpatient psychiatric hospitalization(s) | <input type="checkbox"/> History of neglect |

Caregiver / Family Factors

- | | |
|---|---|
| <input type="checkbox"/> Chronic physical illness in family | <input type="checkbox"/> Parental incarceration |
| <input type="checkbox"/> Family history of mental illness, psychiatric hospitalization or substance abuse | <input type="checkbox"/> History of domestic violence |
| <input type="checkbox"/> Suicide attempts | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Victim of physical abuse (other than youth) | <input type="checkbox"/> Other children in foster care |
| <input type="checkbox"/> Victim of sexual abuse (other than youth) | <input type="checkbox"/> Youth exposed to substance abuse in the home |

Members of the Youth's Household

Name	Relation to Youth	Age	Name	Relation to Youth	Age

Other Information

How can this youth and her/his family benefit from their involvement with Systems of Care? _____

What other information about the youth and her/his family do you feel would be helpful to Systems of Care staff?
