

PRINT OR TYPE. If necessary, attach additional information.

<b>TO: The Connecticut Youth Services Association</b>		
Name of child	Address of child	Date of birth
Child's gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Child's race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Other		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
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 a family with service needs 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))
- .....
- .....
- ☐ C. Has engaged in indecent or immoral conduct. (Describe behavior and date(s) of incident(s))
- .....
- .....

### Additional Information

Please provide information regarding the following, if available:

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

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

☐ No ☐ Yes (when and where):

☐ Unknown

### Additional Information - Continued

2. Does the child currently take any medications?	<input type="checkbox"/> Unknown
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ):	
Does the child currently abuse any medications?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>when</i> ):	<input type="checkbox"/> Unknown
3. Does the child currently see a counselor/clinician?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify clinician's name</i> ):	<input type="checkbox"/> Unknown
4. Has the child been in the hospital recently?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify dates and reasons</i> ):	<input type="checkbox"/> Unknown
5. Has your family been involved with the Department of Children and Families?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>when</i> ):	
6. Has your child been involved with Juvenile Court?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>when</i> ):	<input type="checkbox"/> Unknown
7. Has your child been involved with a Juvenile Review Board (JRB)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>when</i> ):	<input type="checkbox"/> Unknown
8. Does your child use substances (alcohol, tobacco, drugs)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>describe type and frequency</i> ):	<input type="checkbox"/> Unknown
9. Has the child violated family-defined curfew?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ):	
10. Does the child engage in verbal arguments in the home beyond simple talking back ( <i>i.e., screaming or swearing</i> )?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify how often</i> ):	
11. Does the child engage in physical violence?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>describe and specify how often</i> ):	
12. Has the child had previous out-of-home placements, including with other family members?	
<input type="checkbox"/> No <input type="checkbox"/> 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?

Signature	Relationship to child or agency/title <i>(if applicable)</i>	Date signed
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