Dear Parent/Guardian:

Thank you for your interest in Residential Youth Care. We require some initial information to get the referral process started. Please also provide copies of IEP, 504 plan, most recent assessment, clinical or floor notes, psych notes, treatment plan and/or discharge summary, incident reports, probation summary and detention summary.

**Please answer all of the following questions as thoroughly as possible:**

**Youth’s Name and date of birth:**

**Youth’s current address:**

**Youth’s sex, gender identity, and ethnicity (please include tribal affiliation)?**

**Legal Guardian’s name, address and phone number?**

**Organization or individual making the referral:**

**Address, phone number, fax number and email:**

**Title and/or relation to the youth:**

**What are the events leading up to this treatment referral?**

**Please list youth’s substance Use (drugs, alcohol, inhalants, nicotine etc):**

**Has the youth ever been in residential treatment or hospitalized, if yes when and where?**

**Was treatment completed successfully? If not, please share the circumstances.**

**Is the youth currently receiving any outpatient services? If yes, with whom and for how long?**

**Is the youth currently on any medications?**

**Does the youth have any current or chronic medical issues?**

**What is the youth’s current involvement with DJJ and/or OCS?**

**Is the youth currently or have they previously been on probation? Please list all previous and current charges:**

**What school does the youth currently attend? If not attending school please share why.**

**Current Grade:**

**Does the youth have an IEP or a 504 plan:**

**What is the discharge plan after treatment is completed? Please note that a discharge plan is mandatory. We will not consider bringing youth into the program without identifying a place to discharge once treatment is successfully completed.**

**Family Background such as living situation, custody information, siblings etc:**

Again, thank you for your interest in our program. We strive for a quick turnaround on all referrals and will be in touch soon. Don’t hesitate to call or email if you have any questions or concerns.

Thank you,

Jennifer Martin

Intake Specialist

Residential Youth Care

PH: 907-202-8752, FX 866-848-8615