

INTERVIEW FORM FOR REFERRALS

DATE: _____ REFERRING COUNTY: _____

CASEWORKER OR PROBATION OFFICER: _____

INTAKE NAME: _____

AGE: _____ RACE: _____

WHAT BEHAVIORS LEAD TO PLACEMENT/ WHY IS PLACEMENT NEEDED?
(PRESENTING PROBLEMS(S):

PLEASE LIST ANY PREVIOUS PLACEMENTS:

WILL THE RESIDENT GO THROUGH DRUG OR ALCOHOL WITHDRAWAL?
YES OR NO IF YES, LIST:

CURRENT MEDS? YES OR NO IF YES, LIST:

PAST SUICIDE ATTEMPTS? YES OR NO IF YES, LIST:

ANY CONCERNS WITH THE RESIDENT LIVING WITH OTHER RESIDENTS?
(AGGRESSION, BED WETTING, BED DEFECATING, SEXUAL ADVANCES):

****IF ANY RESPONSE IS YES, OR IF ANY CONCERNS ARE NOTED,
ADMINISTRATIVE STAFF MUST BE CONTACTED****

****IF ALL "NO" RESPONSES, ACCEPT THE REFERRAL****

INTAKE: ACCEPTED OR DENIED IF DENIED, BRIEFLY EXPLAIN WHY:

STAFF'S SIGNATURE