

**SECOND CHANCES REFERRAL FORM**

**Referring Agency** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Residents Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**Restricted contact d/t safety issues:** \_\_\_\_\_

**Medications: Yes/No what meds & dosage/instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous School:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **IEP: YES/ NO**

**Youth resident Profile**

**What are the presenting problems that led to this out of home placement?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Does this youth have a delinquent history? If so, please explain criminal charges, past and present.**

\_\_\_\_\_  
\_\_\_\_\_

**Has this youth participated in prior services, ie (C.D. treatment, therapy, day treatment)? If so, please explain.**

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**What is the discharge plan for this youth?**

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**Please provide the following documentation, (as applicable)**

**Social History \_\_\_\_\_**

**Prior placement discharge reports \_\_\_\_\_**

**Court reports \_\_\_\_\_**

**Voluntary Placement agreement \_\_\_\_\_**

**Copy of CHIPS or Delinquency Court Order \_\_\_\_\_**

**Psychological reports \_\_\_\_\_**

**Rule 25 C.D. Assessment \_\_\_\_\_**

**Copy of Out of Home Placement plan \_\_\_\_\_**

**IEP \_\_\_\_\_**

**Transportation Arrangements to Second Chances facility if accepted: \_\_\_\_\_**

**Expected admission date: \_\_\_\_\_**