Referral to Admission Application

Completed by the Referring Worker / Placing Agency

Referral Information

Referral Source Name	Title
Agency	**Phone**
Fax	**Email**
Relationship to Youth	**Funding Source**
Date of Referral	**CSA Authorization Date**

Youth Information

Name of Youth (Last, First, Middle)	Nickname
Date of Birth	**Place of Birth**
Youth's Social Security Number	**Race**
Sex (M / F / Other)	**Pronouns**
Height	**Weight**
Hair Color	**Eye Color**

Marks, Scars, Tattoos	**Allergies**
Medication Allergies	**Other Allergies**
Last Known Address	**Religious Preference**

Legal Guardian

Legal Guardian Name	Relationship to Youth
Address	**City / State / Zip**
Home Phone	**Work Phone**
Cell Phone	**Email**

Father's Information

Father's Name (Last, First, Middle)	Date of Birth
Address	**City / State / Zip**
SSN	**Email**
Home Phone	**Work Phone**
Cell Phone	**Marital Status**
Stepmother's Name	**Stepmother's Contact**

Mother's Information

Mother's Name (Last, First, Middle)	Date of Birth
Address	**City / State / Zip**

SSN	**Email**
Home Phone	**Work Phone**
Cell Phone	**Marital Status**
Stepfather's Name	**Stepfather's Contact**

Siblings

Name	Relationship	Birthdate	Address / Contact

Emergency Contact

Contact Person	Relationship
Phone	**Email**
Address	**City / State / Zip**

Local Educational Agency

Agency / School Name	Phone
Address	**Fax**
Contact Person / Title	**Email**
Cell Phone	**Youth's Grade**
Is Youth Special Education? (Y / N)	**Special Education Designation**

Current School Status	**FSIQ**

Primary Care Physician

Physician Name	Phone
Practice	**Fax**
Address	**City / State / Zip**

Dental Provider

Dentist Name	Phone
Practice	**Address**
Most Recent Dental Visit	**Notes**

Psychiatric / Mental-Health Provider

Psychiatrist Name	Phone
Practice	**Address**
Therapist / Counselor	**Phone**
Outpatient Agency	**Phone**

Community Services Board (CSB)

CSB Name / Locality	Case Manager

Phone	**Email**

Clinical / Behavioral History

Current Diagnoses (DSM-5) — *list in order: Primary first, then Secondary, Tertiary, etc.*		
#	**Diagnosis**	**DSM-5 / ICD-10 Code**
1 — Primary		
2 — Secondary		
3 — Tertiary		
4 — Additional		
5 — Additional		

Diagnosing Clinician

Presenting Concerns / Reason for Placement

Behavior History — recent incidents, frequency, intensity, triggers

Trauma History / Prior Abuse-Neglect Documentation

Self-Harm or Suicidal Ideation History
Aggressive or Assaultive Behavior History
Sexually Reactive or Sexually Aggressive Behavior History
Substance Use History
Runaway / Elopement History
Psychiatric Hospitalization History
Prior Placements (with dates and outcomes)

Strengths, Interests, and Protective Factors

Legal & Custody Information

Legal Status (custody / commitment)	Court of Jurisdiction
Court Order Date	**Judge**
Probation Officer (if applicable)	**Phone**
Court Service Unit (CSU)	**Phone**

Pending Charges / Court Dates

Conditions of Release / Probation Conditions

Current Medications

Medication	Dose	Frequency	Prescriber	Reason

Insurance / Funding

Primary Insurance	Policy / Member #
Group #	**Subscriber Name**
Secondary Insurance	**Policy / Member #**
CSA / FAPT Authorization #	**CSA Coordinator**
CSA Coordinator Phone	**CSA Coordinator Email**
Daily Rate Authorized	**Authorization Period**

Admission Criteria — Pre-Admission Documents Submitted

Check each item as it is included with this referral:

☐ Psychological Evaluation (within past year) with FSIQ and DSM-5 diagnoses

☐ Psychiatric Evaluation and current diagnoses from LMHP

☐ Social History (within past year)

☐ Current IEP and/or 504 Plan (if applicable)

☐ Most recent school transcript

☐ Educational evaluations and standardized test scores

☐ Previous treatment / counseling records and discharge summaries

☐ Behavior Support Plan / Safety Plan (if exists)

☐ Trauma history / prior abuse-neglect documentation

☐ Hospitalization history (psychiatric and medical)

☐ FAPT Treatment Plan (if applicable)

☐ CSA / FAPT / CPMT Service Authorization Letter

☐ Legal Custody Documentation (court order or custody agreement)

Referring Worker Certification

I certify that the information provided in this referral is accurate and complete to the best of my knowledge, and that the youth meets the eligibility criteria for the UCSI MH Sponsored Residential Home for Children & Adolescents.

Resident Signature (if 18 or older)	Printed Name	Date
Legal Guardian / LDSS Worker Signature	**Printed Name**	**Date**
UCSI — Sponsored Professional Coordinator (SPC) Signature	**Printed Name**	**Date**