

Phoenix Rising Youth Home Referral Form

Youth Information									
Name: (Last, First)				С	Cur	rent City:			
D.O.B:	_/_/_	Contact number:		:					\Box TEXT \Box VM
Gender Identity:	W/M/O	Preferred Pronouns:		ıns:	□she/her □he/him □ they/them			/them	
				<u>'</u>					
Referrer's Information									
Name: (First, Last):				Relation to Youth:					
Organization (if applicable)				Title:					
Email:			Phone:			Со	ounty:		
							•		
Reason for Referral (Please select all that apply)									
		0	Acad	Academic Issues		0	CS	EC (confirmed)	
RESTORAT	VE	0		Behavioral/ Emotional Concerns		onal	0	CS	EC (Suspected)
RESTORAT PATHWAY	S	0	Prob	Probation/ Legal Troubles		0	НТ	(Labor/Trafficking)	
		0	Family Conflict			0	Sul	bstance use	
Please provide a detailed description of the circumstance that is the cause for this referral:									



Domestic Violence Screening:

Is the youth experiencing or has experienced any of the following?

Physical abuse/rape/sexual abuse by a partner or family member

- □ Verbal/emotional/psychological abuse by a partner or family member
- Financial abuse or stalking by a partner or family member
- Has youth witnessed any of the above mentioned in the household?

Please check ALL that apply:

- □ Youth has history of physical aggression towards others
 □ Youth has history of verbal aggression towards others
 □ Youth has history of self harm
 □ Youth has attempted suicide
 □ Youth has history of mental disturbance
 □ Youth is currently on probation
 □ Youth is pregnant
 □ Youth is currently homeless
 □ Youth is taking medication (RX w/JV220) having suicidal ideations
- Youth has been a gang member/aliated

 Vouth has experienced HT (Labor)
- □ Youth has experienced HT (Sex)
- □ Youth has history of victimization
- □ Youth has history of property destruction Youth has history of running away
- □ Youth is currently homeless
 □ Youth is taking medication (RX w/JV220) Youth is having suicidal ideations
 □ Youth is actively engaged in CSEC activities Youth currently uses cannabis
 □ Youth currently drinks alcohol
- Youth currently uses hard drugs (ie. cocaine, methamphetamine, heroin, etc.)
- □ Youth currently actively engages services

Please describe, in detail, the nature of confirmed or suspected CSEC	C/ HT involv	rement:	
Does the youth require any reasonable accommodations? Yes	□No	If yes, please describe:	



Current Service	es Received				
	ional Supports	☐ Probation ☐ Legal Assista ☐ Substance U ☐ Pre-Natal Se ☐ Medi-Cal/ F	 ☐ Medication Management ☐ Probation ☐ Legal Assistance ☐ Substance Use Treatment ☐ Pre-Natal Services/ parenting Classes ☐ Medi-Cal/ Health care services ☐ Other: 		
If currently engag	ging in Therapeutic services, Please explair	n the nature and Dx:			
Youth's Strength	s/ Interest:		·		
Youth's Challeng	ges:				
	☐ Family Reunication	☐ Independence	☐ Foster Placement		
	☐ Mental Health Improvement	☐ Spritual Pursuits	☐ Physical Health Improvement		
Youth's Goals:	☐ HS Diploma (standard)	□ GED	☐ College/ Trade		
	☐ Driver's permit	☐ Bank account	☐ REAL ID		
	☐ Vocational skill building	☐ ILS skills	☐ Other:		



Care level required: Car	re Level approved:
Is this youth currently in a placement \Box YES	□ NO If yes,
RESTORAT VE PATHWAYS	Type: Name: Contact information:
Please provide the following: <u>Educational Information</u> Home District: School: Reading Level: Grade:	Date of last Attendance://
Medical Information	
Any known allergies: Mo	edications:
Communicable infections:I	Psychiatric admissions:
Ambulatory status;	
Emotional Supports	
Family Support structure:	Relationship Status:
Friend group:	
Therapist:	



Consent & Authorization

By signing below you are acknowledging and agreeing to having a Phoenix Rising Youth Home staff member contact you, the youth, and/or the currently involved team as indicated below in regard to the information provided on this referral. This form will function as a release of information by the rights holder for the purpose of determining the appropriateness of Phoenix Rising Youth Home placement for the Youth referred.

Referrer's Signature:	Date:
Printed Name:	
Parent/ Guardian (If applicable) Signature:Printed Name:	
<u>Currently Involved Team</u>	
☐ CWW or DCFS: Contact Information	
☐ CASA: Contact Infomation	
☐ Placement worker: Contact Information	
☐ Lawyer: Contact Information	
☐ Probation Ocer: Contact Informaton	
☐ Educational Rights Holder: Contact Information	
☐ Medical: Contact Information	
☐ Dental: Contact Information	
☐ Other:	
☐ Other:	

ONCE COMPLETED PLEASE EMAIL TO: phoenixrising@restorativepathways.org

Staff will respond within 48 hours; Questions? Contact us at 888.339.7233