Community Partners Referral Coversheet

Please email coversheet & supplementary material to: YouthIntakeCoordinator@YouthServicesInc.org

Community partners: Please return the Youth Services Referral Intake-Screening, this coversheet and any necessary releases to access case management, family stabilization and housing resources.

*Please note that this form is **not intended to be used for referrals to BARJ or Diversion programs***

Date:		**Your Name:**	
Youth Name:		**Your Name**	
Your Agency		**Your title/role**	
How would you like us to follow up? (with you, youth, family, etc.)			
Name and contact information for follow-up			

Describe primary reason for referral *(housing is unstable, risk of DCF custody, transition planning, etc):*

Have they been or are they currently in DCF custody?

Are they at risk of child welfare involvement? *what are the primary risk factors?*

What type of services does this youth/family need? (case management, light-touch case management, transition coordination or something else?) Describe:

What type of resources does this youth/family need? *(Housing, life skills, financial, etc.)*

Where are they currently living and how long can they stay there?

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If they are currently experiencing homelessness, what are the primary factors contributing to their homelessness? What other programs/options have been attempted? What have been the barriers towards obtaining those other options?
Who else are they working with and how long can they retain those services?
Is this referral urgent? Please explain why and any important timing factors:
What other things would it be helpful for us to know when prioritizing this referral?

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Office use only		AHS District:		
FOLLOW-UP TRACKING				
ROIs:		Screening form:		
Received by:		Date received:		
Date	Action	Who	Next step	When