



# Young Star House

www.youngstarhouse.com

## Referral / Admission Request Form

<b>Youth Information Basics:</b>		Name:			
Date of Birth:		Age:		Status Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Status in Care:	<input type="checkbox"/> Crown Ward <input type="checkbox"/> CCA <input type="checkbox"/> Other:				
Support for Placement:	<input type="checkbox"/> Child supports this placement <input type="checkbox"/> Parent supports placement <input type="checkbox"/> Unknown				
<b>Placing Agency Information:</b>		Unit:			
Supervisor:		Supervisor Email:			
Phone:		Ext:	Fax:		
CSW:		CSW Email:			
Phone:		Ext:	Fax:		
FSW:		FSW Email:			
Phone:		Ext:	Fax:		
<b>Guardians:</b>	Is initial contact allowed? Are there special circumstances? If a parent is deceased, please mark deceased in the phone area provided:				
Mother:		<input type="checkbox"/> Contact	Phone:		
Father:		<input type="checkbox"/> Contact	Phone:		
Other:		<input type="checkbox"/> Contact	Phone:		
Other:		<input type="checkbox"/> Contact	Phone:		
Notes:					
<b>Legal Conditions?:</b>		<input type="checkbox"/> On Probation <input type="checkbox"/> Pending Court		Community Hours:	
PO Officer:		PO Officer Email:			
Phone:		Ext:	Fax:		



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Lawyer:		Lawyer Email:	
Phone:		Ext:	Fax:
Next Court Date:		Time:	
Court House Location:			
Education Information:	Last Grade Attended:		Last Grade Completed:
Last Known School:			
Phone:		Ext:	Fax:
Notes:			
Religious / Spiritual Needs:	<input type="checkbox"/> Traditional <input type="checkbox"/> Christian <input type="checkbox"/> Atheist <input type="checkbox"/> Other:		
Medical Information:	OHIP:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OHIP Expiry Date:	<input type="checkbox"/> If expired or lost, a new card is on order		
Treaty Number:			
Doctor/Practitioner:		Phone:	
Current Medications:			
Current Treatments:			
Allergies / Concerns:			
Special Dietary Needs			
Known Restrictions, Needs or Impairments:			



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Regular Dentist:		Phone:	
Current Treatment:			
Regular Optometrist:		Phone:	
Current Treatment:	<input type="checkbox"/> Corrective Eyewear		
Reason for Placement:	Immediate Presenting Issues:		
Goals of this Placement:	Programming requests for this child:		
Risk Assessments or Concerns:	List all known risks, whether documented or not, that could affect the safety of this child or other children living in the group home.		
Recent Serious Occurrences:			
Quick Risk Check (check all that apply):	<input type="checkbox"/> Child has a history of Sexual Abuse <input type="checkbox"/> Child has committed assault on staff		
<input type="checkbox"/> Child has been sexually aggressive toward others <input type="checkbox"/> Child has a history of running away <input type="checkbox"/> Child attempted suicide			
<input type="checkbox"/> Child has been exposed to violence in the home <input type="checkbox"/> Gas sniffing <input type="checkbox"/> Huffing <input type="checkbox"/> Drinking <input type="checkbox"/> smoking/marijuana			
Outside Risks:	List and family members, community members or others that pose an imminent risk to the child.		



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Previous Placements:				Provide a brief summary of other recent placements and contact information.					
Requested Date for Admission									
Anticipated Length of Stay:									
Required Documents:				Please do not send the following required documents until telephone contact has been established after submitting the initial referral form (this document). If all our beds are full or we are otherwise unable to proceed, there is no need for additional documentation on the referred child. That said, all the below mentioned Documents must be received before a child can be placed.					
1. <input type="checkbox"/> <b>Social History / Child Background</b> (Required for every Child in Care)									
2. <input type="checkbox"/> Discharge Summary from previous Placement (if applicable)									
3. <input type="checkbox"/> Current Plan of Care (if applicable)									
4. <input type="checkbox"/> RPAC recommendations (if applicable)									
5. <input type="checkbox"/> Probation Order (if applicable)									
6. <input type="checkbox"/> Psychological Reports (if applicable)									
7. <input type="checkbox"/> Any other documentation that may be relevant									
Form Submission Information:		Name:				Date:			
Signature:									

Note: submission of a referral does not guarantee placement. Placement of a child is subject to bed availability and a team evaluation as to whether the child will potentially benefit from our program. We also consider the impact on the other residents currently within the home.