

**Haven Home for Girls**  
**PLACING AGENCY REFERRAL PACKET**

Initial Request Date: \_\_\_\_\_  
Secondary Request Date: \_\_\_\_\_

**Youth Information**

Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name: \_\_\_\_\_  
Court Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Facility name if currently in detention, shelter, or other placement: \_\_\_\_\_

**Dear Placing Agency Representative:**

It is important that the staff at Haven Home for Girls have access to the youth's placing agency (e.g., direct contact information, including any emergency phone number(s) in the event that you should need to be reached during evenings, weekends, and holidays). Please place a star next to your preferred route of all future communications between yourself and Haven Home for Girls staff.

Placing Agency	Agency Phone Number
Name of Agency Representative	Emergency Contact Number
Email Address	Agency Fax Number

**Pre-Postnatal Information**

Is she currently pregnant: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_  
Current Doctor: \_\_\_\_\_  
Is she experiencing any problems with her pregnancy? If so, explain: \_\_\_\_\_  
Is she considered a high-risk pregnancy? \_\_\_\_\_  
Does she have any other children? \_\_\_\_\_ If yes, age(s): \_\_\_\_\_  
Will her other children be placed with her? \_\_\_\_\_  
Child Information:  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Medical Issues: \_\_\_\_\_  
Additional pertinent information: \_\_\_\_\_

**Haven Home for Girls**  
**PLACING AGENCY REFERRAL PACKET**

**Parent/Custodial Guardian**

Legal Custody with natural parent            yes\_\_\_\_            no\_\_\_\_  
Legal Custody with agency                    yes\_\_\_\_            no\_\_\_\_

Name of guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Academic Information**

Last school attended: \_\_\_\_\_

Current grade level or last grade completed: \_\_\_\_\_

Type of Education (circle one):

Elementary Regular	Elementary Special Education
Secondary Regular	Secondary Special Education
GED Needed	Diploma Earned

Current School Status (circle one):    Attending    Truant    Home-Schooled  
Expelled/Suspended: explain: \_\_\_\_\_

IQ: \_\_\_\_\_

**Presenting Issues**

Please circle all that apply:

Verbal aggression	Physical Aggression
Psychological/Psychiatric	Stealing
Suicidal Ideations/Attempts	Absconding
Self-Destructive behaviors	Fire-setting
Animal Cruelty	Enuresis/Encopresis
Other: _____	

**Medical History**

Prescribed Medication?            Yes    No    If yes, what type?: \_\_\_\_\_  
Congenital disease?                Yes    No  
Sickle Cell?                            Yes    No  
Any known reoccurring illness?    Yes    No  
If any of the above are yes, what treatment is required? \_\_\_\_\_

**Haven Home for Girls**  
**PLACING AGENCY REFERRAL PACKET**

**Additional Information**

Additional Comments: \_\_\_\_\_

**Haven Home for Girls is asking the Placing Agency to forward any specified documents below to our facility within ten days in order for us to maintain accurate and up to date information. Your cooperation is greatly appreciated.**

- |                                                                            |                                                                  |
|----------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Agency "Face Sheet/Data Sheet"                    | <input type="checkbox"/> Medical Records                         |
| <input type="checkbox"/> Social Security Card                              | <input type="checkbox"/> Any physicals within the last 12 months |
| <input type="checkbox"/> Birth Certificate                                 | <input type="checkbox"/> Optical Examination                     |
| <input type="checkbox"/> School Records or Transcripts                     | <input type="checkbox"/> Family Service Plan                     |
| <input type="checkbox"/> Immunization Records                              | <input type="checkbox"/> Psychological or Psychiatric Evaluation |
| <input type="checkbox"/> Dental Records with most recent Examination       | <input type="checkbox"/> Insurance Information                   |
| <input type="checkbox"/> Court Order placing her with Haven Home for Girls |                                                                  |
| <input type="checkbox"/> Pre/Post Disposition Social Summary/Case Summary  |                                                                  |

**In lieu of a Birth Certificate upon admission, I, the probation officer/caseworker, can verify that**

\_\_\_\_\_ date of birth is \_\_\_\_\_.  
(Youth's Name) (Date of Birth)

**The youth's parent/guardian will receive the following information via our Haven Home for Girls intake packet. Copies of these policies may also be made available to you upon your request. *Please indicate the following documents you wish to receive a copy of:***

- |                                                            |                                                                |
|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Search and Seizures               | <input type="checkbox"/> Drug and Alcohol Testing              |
| <input type="checkbox"/> Safe Crisis Management Procedures | <input type="checkbox"/> Youth Grievance Policy and Procedures |



**Haven Home for Girls**  
PLACING AGENCY REFERRAL PACKET

**BARJ Notification and Reconciliation Form**

Youth's Name: \_\_\_\_\_ County: \_\_\_\_\_

**Restitution/Court Costs/ Fines/Community Service**

(If more than one agency is owed, please copy form)

Payable to (i.e.: agency): \_\_\_\_\_

Attention: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Total Costs and Fines Owed: \_\_\_\_\_

Total Community Service Hours to be completed: \_\_\_\_\_

\_\_\_\_\_ Hours of Community Service will be acceptable in lieu of Court Costs and Fines  
*Please attach any supporting documentation (i.e.: court order, court dictation, etc) that show the amounts owed.*

**A. If no pre/post disposition is available at time of referral,** please provide a brief description of factors relating to the request of placement at this time. Please include recent Court and/or Children and Youth involvement contribution to this request (add attachments if needed)

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

**B. If no Family Service Plan is available at time of referral,** please state the Goals and Objectives (including YLS scores, as applicable) you wish youth to achieve during her placement:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**BARJ Completed By:**

\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date

**Haven Home for Girls**  
PLACING AGENCY REFERRAL PACKET

**DNA Tracking Form**

Youth's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

DNA is:

- Not Needed
- Completed
- Needed

By Whom: \_\_\_\_\_

If Needed, Please list the Felony Offense by Name and Code:

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

Felony: \_\_\_\_\_ Code: \_\_\_\_\_

*DNA Tracking Form Completed By:*

\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date