

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

**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 available documents that are listed below to our facility as part of your referral packet. Your cooperation is greatly appreciated.**

\_\_\_\_ Medical Records

\_\_\_\_ School Records or Transcripts

\_\_\_\_ Family Service Plan

\_\_\_\_ Psychological or Psychiatric Evaluation

\_\_\_\_ Pre/Post Disposition Social Summary/Case Summary

**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