

Youth Group Home Referral & Placement Application

Date of Referral: _____
Referral Source Type (Select One)
☐ Court/Juvenile Justice
☐ School
☐ Social Services Agency
☐ Mental Health Provider
☐ Parent/Guardian
☐ Law Enforcement
☐ Community Organization
☐ Other: _____

SECTION 1: REFERRAL SOURCE INFORMATION
Agency/Organization Name: _____
Referring Person's Name: _____
Title/Position: _____
Phone Number: _____
Email Address: _____
Agency Address: _____
Preferred Method of Contact
☐ Phone
☐ Email
☐ Either

SECTION 2: YOUTH INFORMATION
Youth Full Legal Name: _____
Preferred Name/Nickname: _____
Date of Birth: _____
Age: _____
Gender: _____
Social Security Number (Optional): _____
Current Address: _____

City: _____
State: _____
Zip Code: _____
Phone Number (if applicable): _____
Race/Ethnicity (Optional): _____
Primary Language: _____

SECTION 3: PARENT/GUARDIAN INFORMATION
Parent/Guardian #1
Name: _____
Relationship to Youth: _____
Phone Number: _____
Email Address: _____
Address (if different): _____
Parent/Guardian #2
Name: _____
Relationship to Youth: _____
Phone Number: _____
Email Address: _____
Address (if different): _____

SECTION 4: EMERGENCY CONTACT
Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone Number: _____

SECTION 5: LEGAL STATUS
Current Legal Status
☐ No Court Involvement
☐ Probation
☐ Diversion Program
☐ Pending Charges
☐ Foster Care
☐ Child Protective Services Involvement
☐ Other
Probation Officer Name: _____
Probation Officer Phone: _____
Court/Jurisdiction: _____
Upcoming Court Dates: _____
Current Charges (if applicable):

SECTION 6: REASON FOR REFERRAL
(Check all that apply)
☐ Behavioral Issues
☐ Truancy/School Attendance Problems
☐ Family Conflict
☐ Mental Health Concerns
☐ Substance Abuse Concerns
☐ Anger Management Issues
☐ Running Away
☐ Delinquent Behavior
☐ Lack of Supervision
☐ Need for Structured Environment
☐ Independent Living Preparation
☐ Other
Detailed Explanation of Referral:

SECTION 7: EDUCATIONAL INFORMATION
Current School: _____
Grade Level: _____
School District: _____
Attendance Status
☐ Regular Attendance
☐ Excessive Absences
☐ Suspended
☐ Expelled
☐ Alternative School
Special Education Services
☐ Yes
☐ No
If Yes, Specify:

Current Academic Concerns:

_____

_____

_

SECTION 8: MENTAL HEALTH INFORMATION
Has the youth received counseling or therapy?
☐ Yes
☐ No

Current Therapist/Counselor:

_____

Mental Health Diagnoses (if known):

_____

History of Psychiatric Hospitalization
☐ Yes
☐ No
If Yes, provide dates and facility:

_____

History of Self-Harm
☐ Yes
☐ No
History of Suicidal Ideation
☐ Yes
☐ No
History of Aggressive Behavior
☐ Yes
☐ No
Please explain:

_____

_____

SECTION 9: MEDICAL INFORMATION
Primary Physician: _____
Physician Phone Number: _____
Medical Insurance Provider: _____
Policy Number: _____
Known Medical Conditions:

Allergies:

Current Medications:
Medication Dosage Frequency

Medication Management Required?
☐ Yes
☐ No

SECTION 10: SUBSTANCE USE HISTORY

History of Substance Use
☐ Yes
☐ No
If Yes, indicate substances used:
☐ Alcohol
☐ Marijuana
☐ Prescription Misuse
☐ Other
Currently Receiving Treatment?
☐ Yes
☐ No

SECTION 11: FAMILY & SOCIAL HISTORY

Current Living Arrangement
☐ Parent/Guardian
☐ Relative
☐ Foster Home
☐ Group Home
☐ Independent
☐ Other
Number of Siblings: _____

Significant Family Concerns:

Strengths of Youth:

Interests/Hobbies:

SECTION 12: PLACEMENT NEEDS
Requested Placement Date: _____
Expected Length of Stay: _____
Special Accommodations Needed:

Transportation Assistance Needed?
☐ Yes
☐ No
Can the youth safely participate in a group living environment?
☐ Yes
☐ No
Please explain if no:

SECTION 13: REQUIRED DOCUMENTS
Please upload the following (if available):
☐ Birth Certificate
☐ Social Security Card
☐ Insurance Card
☐ Court Documents
☐ Psychological Evaluation
☐ School Records
☐ IEP/504 Plan
☐ Medication List
☐ Immunization Records
☐ Other Supporting Documents

SECTION 14: REFERRAL CERTIFICATION
I certify that the information provided in this referral is accurate to the best of my knowledge and that I am authorized to submit this referral.
Referring Person Name: _____
Signature: _____
Date: _____

SECTION 15: PARENT/GUARDIAN CONSENT
I authorize TreyCo Second Chances LLC to review this referral and contact me regarding placement services for the youth listed above.

Parent/Guardian Name: _____
Signature: _____
Date: _____

FOR OFFICE USE ONLY
Referral Received By: _____
Date Received: _____
☐ Accepted
☐ Pending Review
☐ Waitlist
☐ Declined
Reason/Notes
_____
_____
_____
_____

Please email all referrals to secondchancetreyco@gmail.com