



Bethany Children's Home

Placement Request Form

Youth Information

Name:	
Date of Birth:	Gender:
SSN:	Primary Language:
Referring Agency:	
Referring Worker:	Email:
Reason for Placement:	

Behavioral

<p>Please check any applicable concerns (current or past):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Sexually Acting Out <input type="checkbox"/> Fire Setting <input type="checkbox"/> Animal Cruelty <input type="checkbox"/> Self Injurious Behaviors <input type="checkbox"/> Elopement <input type="checkbox"/> Property Destruction <input type="checkbox"/> Truancy <input type="checkbox"/> Substance Abuse (please list substance): _____ <input type="checkbox"/> Other: _____
<p>Please elaborate if any of the above have been selected:</p>	

Medical

Medical Rights:	
Does the youth have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list: _____
Please check if applicable:	<input type="checkbox"/> Enuresis/Encopresis <input type="checkbox"/> Seizures (epileptic) <input type="checkbox"/> Seizures (non-epileptic or PNEE) <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment (legally blind) <input type="checkbox"/> Receives Injections <input type="checkbox"/> Has a transdermal patch <input type="checkbox"/> Uses a medication pump (insulin or otherwise) <input type="checkbox"/> G-Tube <input type="checkbox"/> Not toilet trained <input type="checkbox"/> Requires diapers <input type="checkbox"/> Non-verbal <input type="checkbox"/> Requires support to shower or use the toilet <input type="checkbox"/> Diabetes (type 1 or 2) (please indicate the level of support the youth requires regarding their care and attach the youth's treatment plan)
Is the youth on any medications?	<input type="checkbox"/> Yes (please list below) <input type="checkbox"/> No _____ _____ _____

Mental Health Information

<p>Does the youth have a mental health diagnosis?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please list:</p> <p>_____</p> <p>_____</p>
<p>Has the youth ever experienced homicidal ideations/behaviors?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please describe:</p> <p>_____</p>
<p>Has the youth ever experienced suicidal ideations/behaviors?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please describe:</p> <p>_____</p>
<p>Has the youth ever been hospitalized for psychiatric reasons?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please provide details:</p> <p>_____</p>
<p>Does the youth have a trauma history?</p>	<p> <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Psychological abuse <input type="checkbox"/> Homelessness <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Death of a sibling/close relative <input type="checkbox"/> Parental incarceration <input type="checkbox"/> Death of a parent/guardian <input type="checkbox"/> Witness to domestic violence <input type="checkbox"/> Witness to parent's mental health concerns <input type="checkbox"/> Witness to parent's substance abuse <input type="checkbox"/> Gang involvement <input type="checkbox"/> Trafficking <input type="checkbox"/> Neglect <input type="checkbox"/> No <input type="checkbox"/> Other: _____ </p>

Education

School District:	Grade:
Educational Rights:	
Does the youth have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal

Does the youth have any pending charges, or have they ever been adjudicated delinquent?	
<input type="checkbox"/> Yes :_(list charges)_____	
<input type="checkbox"/> No	
If the youth is on JPO, please select remaining requirements:	<input type="checkbox"/> Community Service:_____
	<input type="checkbox"/> Restitution/Fines/Court Costs:_____
	<input type="checkbox"/> Other requirements:_____

Additional Information

Please provide any additional information that should be used in the referral process:

If available, please also send the following documents for review:

- Psychiatric Evaluation
- IEP/504
- Recent Court Report (CPP/FSP/Adjudication)
- BARJ (JPO)
- Service Plans (previous placements)
- Insurance Information
- Medication List
- Medical Treatment Plans (seizures, diabetes, etc)

Please complete to the best of your knowledge. Complete PRF can be sent to bethanyreferral@bethanyhome.org